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NOVEMBER 28, 2012

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JANUARY 17, 2013

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SEPTEMBER 30, 2013

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**JONATHAN E. FIELDING, M.D., M.P.H.**  
Director and Health Officer

**CYNTHIA A. HARDING, M.P.H.**  
Acting Chief Deputy Director

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November 28, 2012

TO: Each Supervisor

FROM: Jonathan E. Fielding, M.D., M.P.H.  
Director and Health Officer

A handwritten signature in black ink, appearing to read "JE Fielding m".

SUBJECT: **NETWORK FOR A HEALTHY CALIFORNIA GRANT UPDATE**

This is in response to the September 18, 2012 Board motion directing the Department of Public Health (DPH), under the oversight of the Chief Executive Office, to report back to the Board in 60 days with: A) a plan that describes the Network for A Healthy California grant's implementation and goal-setting processes, timelines, and spending allocation for each Service Planning Area (SPA) and what key partners will be used; and B) a description in the plan that specifies how activities, events, and public participation opportunities will be communicated to each community along with contact information for the SPA coordinator(s).

**Background**

The Network for a Healthy California – Local Health Department (Network-LHD) grant award is funded by United States Department of Agriculture (USDA) Supplemental Nutrition Assistance Program Education (SNAP-Ed) funding through the California Department of Public Health (CDPH) for the purpose of educating low-income consumers about healthy eating and active living. As such, the goals, objectives, activities, and timelines of the Network-LHD program are pre-determined by the State and described in a template-style scope of work (SOW), which is included as part of the approved agreement between the County and CDPH.

**Goals and Objectives**

The overarching goal of Network-LHD is to empower and enable target populations (SNAP-Ed participants and those eligible up to 185% of the Federal Poverty Level) to select healthy foods and beverages and increase physical activity through nutrition education, social marketing, and environmental supports. This goal is to be accomplished through a variety of objectives and supporting activities, which include: assessing neighborhoods for the availability of healthy foods, beverages, and opportunities for physical activity; community engagement, to mobilize healthy changes and achieve the program goal; developing a County Nutrition Action Plan (CNAP) to coordinate the activities of federally-funded nutrition programs in the county; organizing community events and media to highlight Nutrition Education Obesity Prevention (NEOP) efforts; promoting the ReThink Your Drink campaign to encourage the consumption of healthy beverages; and providing nutrition education for children in schools, adults, peer-to-peer groups, youth engagement, worksites, retail, early childcare sites, and faith-based organizations. Objectives also include evaluation components for adult education efforts and the ReThink Your Drink campaign.

## Timeline

The grant period follows the federal fiscal year from October 1, 2012 through September 30, 2016. The chart below highlights some of the activities that will take place during the four year grant period. The attached Exhibit A is the Scope of Work for the grant and provides a more in-depth description of project deliverables and timelines for each objective.

Year	Activities	Total Funding
Year 1 ( 2013)	<ul style="list-style-type: none"> <li>Establish grant administration infrastructure and hire staff</li> <li>Implement targeted media activities</li> <li>Develop a nutrition education solicitation and conduct RFP process for three-year contracts</li> <li>Develop County Nutrition Action Plan (CNAP)</li> <li>Conduct community assessment</li> </ul>	\$2,999,702
Year 2 (2014)	<ul style="list-style-type: none"> <li>Hire staff as needed</li> <li>Continue targeted media activities</li> </ul>	\$14,142,850
Year 3 (2015)	<ul style="list-style-type: none"> <li>Establish and monitor contracts with agencies identified through the RFP process</li> </ul>	\$13,557,016
Year 4 (2016)	<ul style="list-style-type: none"> <li>Implement and monitor CNAP</li> <li>Implement interventions based on findings from the community assessment</li> </ul>	\$12,678,265

As noted above, during year one, DPH will build the program infrastructure by hiring staff. A responsibility of these staff will be to work with other DPH SPA-specific staff to notify community agencies and residents of activities, events, and public participation opportunities.

In year one, DPH will develop and release solicitations for media services, nutrition education in schools and after school programs, and community-based education regarding healthy eating and active living through various channels, for example youth engagement and faith based organizations. These contracts will account for 30 to 50 percent of the funding allocation through the grant period. Although the total grant allocation decreases approximately ten percent from year two to year four (October 1, 2013 to September 30, 2016), DPH expects to maintain level funding for community partners during this time. This will be accomplished by a commensurate reduction in the annual media budget during the same time period as reflected in Exhibit B.

DPH will conduct community assessments in year one which will focus on the physical activity (i.e. walkability) and nutrition (i.e. food environments) within communities. The final report will be submitted to the State for review. In years two through four, DPH will implement and monitor the interventions identified in the report.

Additionally, during year one, DPH will begin the development of the CNAP, which will build upon existing partnerships with other federally-funded nutrition programs (i.e. CalFresh/Department of Public Social Services, the Supplementary Food Program for Women, Infants, and Children [WIC], and School Nutrition Programs). As previously mentioned, the CNAP will serve as a coordinating document of all activities of federally-funded nutrition programs within the county for years two through four.

During year two, DPH will implement targeted event-based media efforts with ad placement on buses and billboards. These media services will continue through year four.

### **Geographic Target Areas, Key Partners, and Communications Plan**

Funding will be distributed with the goal of engaging partners across all SPAs to target low-income, SNAP-eligible individuals, as required by the grant. Priority will be given to entities that: 1) serve the target audience (low-income children and adults); 2) operate in areas in which rates of obesity exceed the County average; and 3) demonstrate partnerships with other local programs involved with promoting nutrition and physical activity (i.e. ChooseHealthLA!, Let's Move, First 5 LA, and farmers' markets). The population density of income-eligible individuals residing in a proposed target area will also be considered.

DPH will actively advertise funding announcements, outreach events, activities, and public participation opportunities through several channels, including County websites (the DPH main website, ChooseHealthLA.com, and the DPH Nutrition Program home page), listservs (Los Angeles Collaborative for Healthy Active Children, and DPH's HealthEd), Area Health Office networks, and through email announcements. DPH staff will also provide information and outreach at community, coalition, and collaborative meetings (i.e. the Los Angeles Collaborative for Healthy Active Children and the Community Transformation Grant Leadership Team).

If you have any questions or would like additional information, please let me know or contact Steve Baldwin, Director of the DPH Nutrition Program, at (213) 351-7875 or [stbaldwin@ph.lacounty.gov](mailto:stbaldwin@ph.lacounty.gov).

JEF:sb  
PH:1209:008

### **Attachments**

c: Chief Executive Officer  
County Counsel  
Executive Officer, Board of Supervisors

## Exhibit A Scope of Work

### 1. Service Overview

Grantee agrees to provide to the California Department of Public Health the services described herein:

- A. Grantee will provide nutrition education interventions and physical activity promotion to United States Department of Agriculture (USDA) Nutrition Education Obesity Prevention (NEOP) eligible families described herein per Health and Safety Code 104650-104655.
- B. The Grantee shall provide the specific services, deliverables, and objectives specified in the approved SOW and any subsequent formal amendments approved in writing as required pursuant to this agreement.
- C. The Grantee shall cooperate with CDPH or its designee by participating in meetings and/or site visits as CDPH may deem necessary to monitor Grantee compliance with the agreement.

### 2. Project Representative

- A. The project representatives during the term of this agreement will be:

California Department of Public Health	County of Los Angeles, Department of Public Health
CDPH Grant Manager: Nan Huang Telephone: (916) 650-6901 Fax: (916) 449-5414 E-mail: nan.huang@cdph.ca.gov	Project Director: Steve Baldwin, MS, RD Telephone: (213) 351-7875 Fax: (213) 351-2793 E-mail: stbaldwin@ph.lacounty.gov

- B. Direct all inquiries to:

California Department of Public Health	County of Los Angeles, Department of Public Health
<i>Network for a Healthy California</i> Attention: Melissa Meade, Chief Administration Operations Section 1616 Capitol Avenue, Suite 74.516, MS 7204  Sacramento, CA 95899-7377  Telephone: (916) 449-5409 Fax: (916) 449-5414 E-mail: melissa.meade@cdph.ca.gov	Attention: Steve Baldwin, MS, RD  c/o Grants Unit  3530 Wilshire Blvd., Suite 800 Los Angeles, CA 90010  Telephone: (213) 351-7875 Fax: (213) 351-2793 E-mail: stbaldwin@ph.lacounty.gov

- C. Either party may make changes to the information above by giving written notice to the other party. Said changes shall not require an amendment to this agreement.

**Exhibit A**  
**Scope of Work**

**3. Grantee Requirements**

The Grantee shall comply with the guidelines for the development of all education materials as outlined in the Network Local Projects Guidelines Manual. These Guidelines have been incorporated into this agreement and made a part hereof by reference in Exhibit E, Additional Provisions, paragraph 1. Without limitation, the Grantee shall comply with the following requirements:

- A. Submit any news release related to this agreement to the State for review prior to its release.
- B. The Grantee agrees to cooperate with the State in data collection related to evaluation of program effectiveness as requested in the manner, format, and timeline prescribed by the State. Data shall include, at a minimum, demographic descriptions of the population served, audience reach, and items to measure program effectiveness. The data shall be submitted in the required form prescribed by the State.
- C. The Grantee agrees to cooperate with the State in the review and, when appropriate, the field testing of statewide evaluation instruments and newly developed educational materials.
- D. The Grantee shall ensure that the USDA SNAP-Ed is clearly identified as a sponsor or support organization on all materials and products funded by the agreement (electronic, print, audiovisual, media, etc.). The Grantee agrees to abide by the guidelines set for usage of the *Network* logos on any products generated by the Grantee.
- E. The Grantee agrees to cooperate with the State by participating in statewide meetings and site visits, as deemed necessary by the State.

4. See the following pages for a detailed description of the services to be performed.

**Exhibit A  
SCOPE OF WORK**

**County of Los Angeles, Department of Public Health  
12-10170**

**GOAL 1:** The target population (Supplemental Nutrition Assistance Program-Education (SNAP-Ed)/Nutrition Education and Obesity Prevention (NEOP) participants and those eligible up to 185% Federal Poverty Level (FPL)) is empowered and enabled to select healthy foods and beverages and increase physical activity through nutrition education, social marketing and environmental supports.

**Objective 1:** (Infrastructure) Annually, grantees will complete and submit all required reports and forms on or before each deadline, comply with all onsite and desk reviews, and participate in a minimum of five Network-sponsored community events and trainings.

**Social Ecological Model:**

☐ Individual ☐ Interpersonal: Social Groups ☒ Institutional/Organizational ☒ Community ☒ Policy/Environmental

Activities	Responsible Party	Deliverables	Timeframe
1. Complete all mandatory documentation such as Survey Monkeys, the Semi-Annual Progress Report, Annual Progress and Final Reports, which includes progress reports, progress report narratives, labeled attachments and deliverables, and completed Education Administrative Reporting System (EARS) Activity Tracking Forms (ATF) on or before due date each grant year.	Chief Executive Officer (CEO) A-B, Subcontractor A	Documents completed and submitted to Network	10/01/2012-9/30/2016  Semi Annual reports due on April 15 each year  Annual reports due on September 30 of each year
2. Comply with all requests from Grant and Program Managers including programmatic and fiscal onsite or desk reviews. Upon request, provide documentation to the Network and follow protocols to ensure compliant with requirements.	CEO A-B, Subcontractor A	Documents upon request Onsite request	10/01/2012-9/30/2016
3. Comply with all requests from Grant Compliance Monitoring Unit (CCMU) Reviews bi-annually including responding to CCMU Reports and Correction Action Plans (CAPs).	CEO A-B, Subcontractor A	Document preparation Onsite review CAP	10/01/2012-9/30/2016

**Exhibit A  
SCOPE OF WORK**

**County of Los Angeles, Department of Public Health  
12-10170**

<b>Activities</b>	<b>Responsible Party</b>	<b>Deliverables</b>	<b>Timeframe</b>
<p>4. All grantees receiving funds over \$200,000 are recommended to sub-grant with local entities in FFY 2013 such as:</p> <ul style="list-style-type: none"> <li>a. School channels</li> <li>b. Local city governments and</li> <li>c. Community-based organizations (CBOs)</li> </ul> <p>To provide nutrition education and obesity prevention strategies to low-income population particularly reaching ethnic groups with health disparities.</p>	CEO A-B, Subcontractor A	Sub-grantee bidding documentation Sub-grantee agreement	10/01/2012-9/30/2013
<p>5. By April 1, 2013, all grantees receiving funds over \$200,000 are required to have funding opportunities available for sub-grantees (15%-50% of total grant) such as:</p> <ul style="list-style-type: none"> <li>a. School channels</li> <li>b. Local city governments and</li> <li>c. Community-based organizations (CBOs)</li> </ul>	CEO A-B, Subcontractor A	Sub-grantee bidding documentation Sub-grantee agreement	4/01/2013
<p>6. By October 1, 2013, all sub-grantees must be in place and fully implementing nutrition education obesity prevention strategies to low-income population particularly reaching ethnic groups with health disparities.</p>	CEO A-B, Accountant/Finance Analyst A-C, Contract Manager A-D, Subcontractor A	Sub-grantee bidding documentation Sub-grantee agreement	10/1/2013
<p>7. Comply with the United States Department of Agriculture (USDA) regulations and guidelines to ensure all activities are allowable and appropriately documented. Must submit updated USDA Plan documents annually. Comply with the Network Guideline Manual and Program Letter updates.</p>	CEO A-B, Subcontractor A	Documents (on file)	10/01/2012-9/30/2016

**Exhibit A  
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<b>Activities</b>	<b>Responsible Party</b>	<b>Deliverables</b>	<b>Timeframe</b>
<p>8. Participate in ongoing local activities supporting statewide social marketing campaign. Provide nutrition education/physical activity promotion resources to local programs, including collaboration with the following existing programs:</p> <ul style="list-style-type: none"> <li>a. University of California Cooperative Extension CalFresh Education Program</li> <li>b. Supplemental Nutrition Assistance Program (SNAP/CalFresh)</li> <li>c. SNAP-Ed funded projects</li> <li>d. Local social services agency and</li> <li>e. Organizations conducting CalFresh outreach and nutrition education and obesity prevention efforts when appropriate.</li> </ul>	CEO A-B, Dietitian, Subcontractor A	Record of participation in activities	Report Annually:  10/01/2012-9/30/2016
<p>9. Annually, attend a minimum of five Network-sponsored meetings, trainings and conferences that may include the following:</p> <ul style="list-style-type: none"> <li>a. Community Engagement trainings</li> <li>b. Regional Network Collaborative meetings</li> <li>c. Network Conference and other Network-sponsored regional trainings</li> <li>d. California Conference of Local Health Department Nutritionists (CCLHDN) annual conference</li> <li>e. <i>ReThink Your Drink</i> trainings</li> <li>f. <i>Communities of Excellence in Nutrition, Physical Activity and Obesity Prevention</i> (CX<sup>3</sup>) trainings</li> <li>g. Non-Network sponsored trainings pre-approved by the Network Program Manager (PM).</li> </ul>	CEO A-B, Subcontractor A	Copies of agendas, Record of participation	Report Annually:  10/01/2012-9/30/2016
<p>10. Attend Geographic Information Systems (GIS) basic or advanced trainings offered by the Network. Apply GIS as a tool to strategically plan interventions in qualifying community sites.</p>	CEO A-B, Research Specialist A-C, Subcontractor A	Record of participation site list	Report Annually:  10/01/2012-9/30/2016

**Exhibit A      County of Los Angeles, Department of Public Health**  
**SCOPE OF WORK      12-10170**

<b>Activities</b>	<b>Responsible Party</b>	<b>Deliverables</b>	<b>Timeframe</b>
<b>11.</b> Report community changes that have been directly influenced by SNAP-Ed intervention. Describe the impact they have had on providing access to healthy foods, beverages and physical activity (PA) to the target population. Report findings by way of online database or other mechanism provided by the <i>Network</i> .	CEO A-B, Research Specialist A-C, Subcontractor A	Template form	Report Annually:  10/01/2012- 9/30/2016
<b>12.</b> Develop and sustain at least one partnership with each of the following: a. Ethnic communities b. Local city governments c. Community-based organizations (CBOs) and d. School channels. e. Healthcare partnerships such as federally-qualified health centers  Report Semi-Annually and annually names of partners, roles or partners, types of partners (hunger, equity, minority, low-income, faith, business, public sector, community leaders and/or other).	CEO A-B, Subcontractor A	Partnership spreadsheet Dated log of contacts	Report Annually:  10/01/2012- 9/30/2016
<b>13.</b> Complete Local Health Department (LHD) Infrastructure Assessment tool provided by the <i>Network</i> by the second quarter of the first grant year to assess county needs.	CEO A-B, Subcontractor A	Completed LHD Assessment tool	3/31/2013  Semi Annual reports due on April 15 each year

**Exhibit A**  
**SCOPE OF WORK**

**County of Los Angeles, Department of Public Health**  
**12-10170**

Activities	Responsible Party	Deliverables	Timeframe
<p><b>14.</b> At the end of the grant term grantee will compile a Demographics Profile report, using most recent available data, at the county-level including the following:</p> <ul style="list-style-type: none"> <li>a. CHIS</li> <li>b. Fitnessgram data</li> <li>c. SNAP Program Access Index (PAI)</li> <li>d. Retail Food Environment Index (RFEI) and</li> <li>e. Pediatric Nutrition Surveillance System (PedNSS)</li> </ul> <p>This report will describe demographic findings compared to early demographic assessment (i.e., Form 4, "Profile Jurisdiction, and Demographics of Target Population"). A template of the report will be provided by the Network PM.</p>	<p>CEO A-B, Research Specialist A-C, Subcontractor A</p>	<p>Completed Template NEOP report form</p>	<p>Final Report due:  9/30/2016</p>

**Exhibit A  
SCOPE OF WORK**

**County of Los Angeles, Department of Public Health  
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**GOAL 1:** The target population (Supplemental Nutrition Assistance Program-Education (SNAP-Ed)/Nutrition Education and Obesity Prevention (NEOP) participants and those eligible up to 185% Federal Poverty Level (FPL)) is empowered and enabled to select healthy foods and beverages and increase physical activity through nutrition education, social marketing and environmental supports.

**Objective 2:** (Process) Annually, the County Nutrition Action Plan (CNAP) team will convene at least four times to implement the CNAP through coordinated partnerships, which include Food and Nutrition Service (FNS) (Three to seven ) funded and (Three to seven) unfunded partners, to develop a plan of action that increase consistent nutrition messaging and access across all programs.

**Social Ecological Model:**

☐ Individual ☐ Interpersonal: Social Groups ☒ Institutional/Organizational ☒ Community ☒ Policy/Environmental

Activities	Responsible Party	Deliverables	Timeframe
<p>1. Grantee will meet with CalFresh county director or designee quarterly to coordinate an optimal plan of action providing nutrition education and other resources to CalFresh recipients and eligibles. Grantee will establish on-going communication throughout the year maintaining the relationship.</p> <p>a. Develop or strengthen relationship with local social service CalFresh agencies to discuss food security, education and health issues</p> <p>b. Identify a series of joint activities to coordinate nutrition education and obesity prevention across the county</p> <p>c. Connect with at least one CalFresh outreach/community partner quarterly to collaborate and coordinate at least one outreach and nutrition education activity or event</p>	CEO A-B, Dietitian	<p>Copies of agendas (on file),</p> <p>Record of participation</p> <p>List of joint activities</p> <p>Four events ATF</p>	Report Annually:  10/01/2012-9/30/2016

**Exhibit A  
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Activities	Responsible Party	Deliverables	Timeframe
<p><b>2.</b> Convene CNAP group (or other existing nutrition education obesity prevention group) at a minimum of four times per year to implement the plan of action. Coordinate USDA food program interventions and efforts to increase food security in the target population.</p> <p><b>a.</b> Include FNS funded and unfunded interested partners serving the target population in the areas of food programs, nutrition education and outreach such as SNAP, UC CalFresh Nutrition Education Program, Women Infants and Children Supplemental Nutrition Program (WIC), and Child Nutrition Programs (Summer meals, Child and Adult Care Food Program (CACFP), school breakfast and lunch programs</p> <p><b>b.</b> Coordinate nutrition education messages with CalFresh outreach efforts throughout the county for the various USDA food programs; CalFresh, WIC, and Child Nutrition Programs</p> <p><b>c.</b> In funded Community Transformation Grant (CTG) counties include CTG partners to coordinate and complement efforts in designated counties</p> <p><b>d.</b> Identify existing resources and assets of organizations in counties promoting CNAP priorities</p>	Dietitian	List of collaborating members, Meeting agendas	Report Annually:  10/01/2012-9/30/2016
<p><b>3.</b> Apply public health approaches to identify, track, and promote existing policies in the county related to access to healthy foods and beverages and physical activity.</p>	Dietitian	Summary of efforts template	Report Annually:  10/01/2012-9/30/2016

**Exhibit A  
SCOPE OF WORK**

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<b>Activities</b>	<b>Responsible Party</b>	<b>Deliverables</b>	<b>Timeframe</b>
<p><b>4.</b> Apply multi-level approaches to advance and market a minimum of one nutrition and obesity prevention intervention annually that relates to the County Nutrition Action Plan. Multi-level approaches shall benefit the recipients of the FNS programs by providing access to healthy foods, beverages and/or PA. Submit a CNAP plan of action for review and approval to the Network PM. Strategies may include:</p> <ul style="list-style-type: none"> <li>a. Increase access to farmer's markets through location, Electronic Benefit Transfer (EBT) and WIC coupon acceptance to increase consumption of fresh fruits and vegetables</li> <li>b. Increase Farm to Fork efforts in qualified schools, work places and community organizations, etc. to increase access to fresh fruits and vegetables</li> <li>c. Improve access to FNS programs such as school breakfast, lunch and summer meals, CalFresh and WIC</li> <li>d. Promote access to physical activity facilities through joint use policies</li> <li>e. Promote access to healthy foods and beverages</li> <li>f. Establish gardens in eligible community sites such as schools or public housing</li> </ul>	Dietitian, Subcontractor A	Copy of the County Nutrition Action Plan	Report Annually:  10/01/2012- 9/30/2016
<p><b>5.</b> Report the following results:</p> <ul style="list-style-type: none"> <li>a. CNAP strategic plan</li> <li>b. Challenges and successes of implementing CNAP plan</li> <li>c. The upcoming direction of the counties coordination with CalFresh and other CNAP partners for the following fiscal year including roles, commitments, and timelines for plan of action.</li> </ul>	Dietitian, Research Specialist A-C	Copy of the County Nutrition Action Plan, Other strategic reports	Report Annually:  10/01/2012- 9/30/2016
<p><b>6.</b> Maintain county collaborative and meet at the minimum four times per year. Collaborate and coordinate with the CNAP and provide train the trainer opportunities to promote the CNAP nutrition and obesity prevention intervention to additional funded and unfunded partners. <b>(optional, only include in counties that have a single county collaborative)</b></p>	Dietitian	Collaborative meeting agendas	Report Annually:  10/01/2012- 9/30/2016

# Exhibit A SCOPE OF WORK

County of Los Angeles, Department of Public Health  
12-10170

**GOAL 1:** The target population (Supplemental Nutrition Assistance Program-Education (SNAP-Ed)/Nutrition Education and Obesity Prevention (NEOP) participants and those eligible up to 185% Federal Poverty Level (FPL)) is empowered and enabled to select healthy foods and beverages and increase physical activity through nutrition education, social marketing and environmental supports.

**Objective 3:** (Process) By September 30, 2013, complete the *Communities of Excellence in Nutrition, Physical Activity and Obesity Prevention* (CX<sup>3</sup>) neighborhood assessment or reassessment process in 10-20 SNAP-Ed-eligible neighborhoods.

## Social Ecological Model:

☒ Individual ☒ Interpersonal: Social/Groups ☒ Institutional/Organizational ☒ Community ☒ Policy/Environmental

Activities	Responsible Party	Deliverables	Timeframe
<b>1. CX<sup>3</sup> Training/Meetings:</b> Participate in all Network-sponsored CX <sup>3</sup> assessment related trainings and meetings: <ul style="list-style-type: none"> <li>a. CX<sup>3</sup> orientation,</li> <li>b. Geographic Information System (GIS) mapping</li> <li>c. Survey/Field work,</li> <li>d. Data collection on reading your data</li> <li>e. Others as needed</li> </ul> <p>The trainings shall prepare for the neighborhood assessment of the food and physical activity environment including:</p> <ul style="list-style-type: none"> <li>a. Walkability assessments</li> <li>b. Access to healthy foods</li> <li>c. Opportunities for PA,</li> <li>d. Identify food deserts in the eligible community etc.</li> </ul>	Research Specialist A-C	Training/meeting agendas, certificate of completions	10/1/2012-9/30/2013
<b>2.</b> Provide at least 10-20 CX <sup>3</sup> presentations to a variety of the target stakeholders explaining the project, encourage participation, and utilization of data. Stakeholders include: health department leadership, community organizations (e.g., coalitions, collaboratives), and events with neighborhood residents, city/county officials.	Dietitian, CEO A-B, Research Specialist A-C	Presentation Outline(s)	10/1/2012-3/31/2013

# **Exhibit A** **SCOPE OF WORK**

**County of Los Angeles, Department of Public Health**  
**12-10170**

Activities	Responsible Party	Deliverables	Timeframe
<p><b>3. Tier 1 (GIS mapping)—identify qualifying neighborhoods:</b></p> <p><b>a.</b> Identify 10-20 qualifying neighborhoods using the Network's GIS, complete Tier 1 mapping worksheet using GIS and other on-line data sources, and share with appropriate stakeholders.</p> <p>Note: reassessing grantees are required to re-survey all neighborhoods where interventions are conducted as a result of CX<sup>3</sup> findings.</p>	Research Specialist A-C	Completed mapping worksheet submitted to Network Program Manager and CX <sup>3</sup> team	10/1/2012-3/31/2013
<p><b>4. Tier 2 (Field work/surveying) - assessing and reassessing:</b></p> <p><b>a.</b> Organize health department staff and community partners to assist in the CX<sup>3</sup> neighborhood data collection using CX<sup>3</sup> tools and methods, and analyze, interpret and share local data and information</p> <p><b>b.</b> Conduct trainings of surveyors, which should include the involvement of adult and youth community members from qualifying neighborhoods, as well as community leaders. Oversee Tier 2 field work utilizing all appropriate CX<sup>3</sup> surveys and tools. Organize survey data, provide to the Network CX<sup>3</sup> team for analysis</p> <p><b>c.</b> After receipt of data analysis, complete all template Communications Tools for each neighborhood surveyed</p>	Research Specialist A-C	<p>Training agendas, Sign-in sheets</p> <p>Completed Tier 2 data surveys,</p> <p>Data analysis</p> <p>Communication tools</p>	10/1/2012-9/30/2013

# Exhibit A SCOPE OF WORK

County of Los Angeles, Department of Public Health  
12-10170

**GOAL 1:** The target population (Supplemental Nutrition Assistance Program-Education (SNAP-Ed)/Nutrition Education and Obesity Prevention (NEOP) participants and those eligible up to 185% Federal Poverty Level (FPL)) is empowered and enabled to select healthy foods and beverages and increase physical activity through nutrition education, social marketing and environmental supports.

**Objective 4:** By September 30, 2016, prioritize identified problem areas based on CX<sup>3</sup> findings and feedback from at least three community forums to reach 75 community members, and utilize to develop and implement at least 2-5 Network allowable interventions with environmental supports.

## **Social Ecological Model:**

☒ Individual ☒ Interpersonal: Social/Groups ☒ Institutional/Organizational ☒ Community ☒ Policy/Environmental

Activities	Responsible Party	Deliverables	Timeframe
<p>1. Using communications tools (e.g., fact sheets, briefs) present findings to a variety of stakeholders, involving community members where appropriate.</p> <p>a. Host three – five nutrition education obesity prevention community forums/town halls reaching at least 75 neighborhood residents or individuals from the target population to review CX<sup>3</sup> findings and determine greatest areas of concern as well as provide dynamic nutrition education obesity prevention strategies</p> <p>b. Provide CX<sup>3</sup> findings to all relevant city/county level departments and officials (e.g., planners, etc.) where data on the CX<sup>3</sup> neighborhoods would guide/inform decisions and promote increased access to healthy food</p> <p>c. Identify potential neighborhood Champions including Champion retail food sources for future intervention work and campaigns</p> <p>d. As relevant, share CX<sup>3</sup> findings with local media to highlight areas of concern and opportunities for action (e.g. newspaper, television)</p>	<p>Dietitian, CEO A-B, Research Specialist A-C, Subcontractor A</p>	<p>Forum/Town hall Agenda</p> <p>List of county/city officials with contact dates</p> <p>List of Champions</p> <p>CX<sup>3</sup> Media highlights</p>	<p>10/01/2013-09/30/2014</p>
<p>2. Submit CX<sup>3</sup> Implementation Strategy Narrative to Network Program Manager for review and approval prior to implementation.</p>	<p>CEO A-B, Subcontractor A</p>	<p>Strategic Narrative submitted to Network Program Manager</p>	<p>10/01/2013-09/30/2014</p>

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<b>Activities</b>	<b>Responsible Party</b>	<b>Deliverables</b>	<b>Timeframe</b>
<b>3. Implement and market nutrition and obesity prevention strategies using public health approaches and <i>Network</i> allowable interventions implemented in the eligible neighborhoods.</b>	CEO A-B, Subcontractor A	Promotion plan of action	Report Annually:  10/01/2014- 09/30/2016

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**GOAL 1:** The target population (Supplemental Nutrition Assistance Program-Education (SNAP-Ed)/Nutrition Education and Obesity Prevention (NEOP) participants and those eligible up to 185% Federal Poverty Level (FPL)) is empowered and enabled to select healthy foods and beverages and increase physical activity through nutrition education, social marketing and environmental supports.

**Objective 5:** (Process) Collaborate with three to seven community groups and three to seven other organizations to engage 45-105 neighborhood members to identify at least two food and beverage strategies in three to seven qualifying communities to increase access and consumption of healthy foods and beverages.

## **Social Ecological Model:**

☐ Individual ☐ Interpersonal: Social Groups ☒ Institutional/Organizational ☒ Community ☒ Policy/Environmental

Activities	Responsible Party	Deliverables	Timeframe
<p>1. Collaborate with new partners to form a sub group of the CNAF or independent food council. Meet at least four times per year to improve the food and nutrition environment in the designated county. Examples of key partners include:</p> <ul style="list-style-type: none"> <li>a. Agriculture Commission</li> <li>b. Hunger Advocates</li> <li>c. Social Justice groups</li> <li>d. Residents</li> <li>e. Youth</li> </ul>	CEO A-B, Dietitian	List of members, Summary of meeting results	Report Annually: 10/01/2012-9/30/2016
<p>2. Through CX<sup>3</sup> assessment in qualifying neighborhoods identify gaps in access and consumption of healthy foods and beverages and physical activity opportunities.</p>	Research Specialist A-C	Assessment results	10/01/2012-3/31/2013

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Activities	Responsible Party	Deliverables	Timeframe
<p>3. Host at least one county health forum to address primary prevention of diseases through healthier eating patterns and more physical activity. Recruit community leaders and members to participate in the forum from schools, after schools, workshops, CalFresh and WIC offices, faith-based channels etc. Some strategies may include:</p> <ul style="list-style-type: none"> <li>a. Identify health disparities in communities related to nutrition and physical activity barriers and propose solutions</li> <li>b. Increase awareness of existing food policies in qualifying neighborhoods</li> <li>c. Use CX<sup>3</sup> assessment findings to promote the need for farmers markets to increase access to fresh fruits and vegetables, increased healthy food availability in corner stores, healthier options at local workites, schools and churches and increased access to physical activity opportunities in qualifying neighborhoods.</li> </ul>	Dietitian, Subcontractor A	Flyers, Agenda, Summary of meeting results	10/01/2012-3/31/2013  10/01/2014-3/31/2015  Semi Annual reports due on April 15 each year
<p>4. Provide technical assistance to neighborhood members on strategies to increase access and consumption of healthy foods and beverages and physical activity opportunities such as:</p> <ul style="list-style-type: none"> <li>a. Data interpretation, i.e. CX<sup>3</sup> findings</li> <li>b. Nutrition education and obesity prevention resources and classes</li> <li>c. Healthy food and beverage promotion plans</li> <li>d. Successful community models</li> <li>e. Guidance on joint use policies</li> </ul>	Subcontractor A	TA log  ATF/EARS	3/31/2013-09/30/2014
<p>5. Provide technical assistance (TA) to neighborhood members through educational and social marketing strategies. Some strategies may include:</p> <ul style="list-style-type: none"> <li>a. Youth Engagement</li> <li>b. Peer to Peer education</li> <li>c. Social Marketing Campaigns</li> <li>d. Establishing community gardens and/or farmers markets</li> </ul>	Subcontractor A-	TA log  ATF/EARS	10/01/2013-9/30/2014
<p>6. Provide technical assistance to neighborhood members for monitoring and evaluating neighborhood changes.</p>	Research Specialist A-C Subcontractor A	Summary of changes	10/01/2014-9/30/2015

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**GOAL 1:** The target population (Supplemental Nutrition Assistance Program-Education (SNAP-Ed)/Nutrition Education and Obesity Prevention (NEOP) participants and those eligible up to 185% Federal Poverty Level (FPL)) is empowered and enabled to select healthy foods and beverages and increase physical activity through nutrition education, social marketing and environmental supports.

**Objective 6:** (Process) Annually, a minimum of 8,000 unduplicated SNAP-Ed-eligible individuals in the community will participate in 130-160 evidence-based nutrition-education classes designed to increase consumption of healthy foods and improve self-efficacy to promote change at the individual, family and organizational level.

**Social Ecological Model:**

☒ Individual ☒ Interpersonal: Social Groups ☐ Institutional/Organizational ☒ Community ☐ Policy/Environmental

Activities	Responsible Party	Deliverables	Timeframe
1. Assess the attitudes, knowledge, beliefs and skills related to nutrition education and develop a plan of action. Specifically focused on increasing the access and consumption of healthy foods, <i>Harvest of the Month</i> , MyPlate, the 2010 Dietary Guidelines for Americans (DGAs), and the needs of the target population.	Research Specialist A-C Subcontractor A-B	Results of the Assessment, Plan of Action	Report Annually: 10/1/2012-9/30/2016
2. Make preparations for conducting a minimum of 130-160 nutrition education classes. If classes are utilized as part of the Impact/Outcome Evaluation, a minimum of a five-class series is required. Each class will include skill-based lessons/activities, such as cooking activities, label reading etc. Each class will use <i>Network</i> -approved materials and follow 2010 Dietary Guidelines. Preparations may include: a. Organizing materials, b. Selecting class assessment survey c. Purchasing food samples	Subcontractor A-B	Copies of lesson plans	Report Annually: 10/1/2012-9/30/2016
3. Train staff to conduct nutrition education classes. Attend <i>Network</i> training if using the <i>Network Toolbox for Community Educators</i> .	Subcontractor A-B	Training agenda, List of materials discussed	Report Annually: 10/1/2012-9/30/2016

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Activities	Responsible Party	Deliverables	Timeframe
<p><b>4.</b> Recruit participants through Champion Moms, Community-Based Organizations (CBOs), CalFresh offices, schools, WIC or other CNAP partners to increase participation in classes. Recruit ethnic minorities, (Latinos, African Americans, Native Americans and Asian Pacific Islanders) with health disparities to attend classes that are linguistically and culturally appropriate. Select priority groups based on your Project Synopsis and LHD infrastructure assessment.</p>	<p>Subcontractor A-B</p>	<p>Documentation of recruitment efforts</p>	<p>Report Annually: 10/1/2012-9/30/2016</p>
<p><b>5.</b> Conduct 130-160 nutrition education classes to reach minimum of 8,000 unduplicated SNAP-Ed-eligible individuals.</p>	<p>Subcontractor A-B</p>	<p>Sign-in sheets (on file), # of classes taught, Unduplicated # of participants, ATF</p>	<p>Report Annually: 10/1/2012-9/30/2016</p>

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**GOAL 1:** The target population (Supplemental Nutrition Assistance Program-Education (SNAP-Ed)/Nutrition Education and Obesity Prevention (NEOP) participants and those eligible up to 185% Federal Poverty Level (FPL)) is empowered and enabled to select healthy foods and beverages and increase physical activity through nutrition education, social marketing and environmental supports.

**Objective 7:** (Process) Annually, conduct a minimum of 3-5 community events to reach 600-1000 SNAP-Ed-eligible individuals promoting healthy foods and beverages and physical activity and invite local media outlets to highlight 3-5 of these events.

**Social Ecological Model:**

☐ Individual ☐ Interpersonal: Social Groups ☒ Institutional/Organizational ☒ Community ☒ Policy/Environmental

Activities	Responsible Party	Deliverables	Timeframe
<b>1.</b> Conduct a minimum of 3-5 nutrition education obesity prevention promotional events. Coordinate at least 3-5 local media and public relations effort that highlights <i>Network</i> -signature promotions, which may include : <ul style="list-style-type: none"> <li>a. Fruit and Veggie Fest</li> <li>b. Juneteenth</li> <li>c. Latino Health Awareness Month</li> <li>d. Food Day</li> </ul>	Subcontractor A	List of coordinated events.	Report Annually:  10/1/2012-9/30/2016
<b>2.</b> Provide local support for the minimum of one <i>Network</i> media-related effort. Activities may include: <ul style="list-style-type: none"> <li>a. Participation in launch event</li> <li>b. Serving as local spokesperson</li> <li>c. Providing comment and feedback on media-related materials</li> <li>d. Participating on relevant workgroups</li> <li>e. Collaborate with partners when planning nutrition/physical activity promotion events</li> </ul>	Subcontractor A	Log or list of support activities provided for events	Report Annually:  10/1/2012-9/30/2016

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<b>Activities</b>	<b>Responsible Party</b>	<b>Deliverables</b>	<b>Timeframe</b>
3. Prepare for each event by identifying target audience, organizing materials and intervention strategies to be used, training staff, selecting Network Research and Evaluation Section (RES)-approved method of event evaluation, and promotion methods of event such as use of flyers and update of webpage.	Subcontractor A, Research Specialist A-C	Samples of materials, flyers, website. Training sign in sheets, Event planning outline	Report Annually:  10/1/2012-9/30/2016
4. Purchase local media buys (bus shelters, billboards, radio ads) of reviewed and approved messages in GIS identified qualifying neighborhoods to create a stronger media presence in local markets. <b>(optional and funds must be included in budget )</b>	Subcontractor A, Accountant/Finance Analyst A-D	Paid Media ads	Report Annually:  10/1/2012-9/30/2016
5. The local health department lead staff will provide local countywide coordination and designated spokesperson for all Network-funded events and interventions covered by local media throughout the county jurisdiction in conjunction with other SNAP-Ed funded projects. <b>(optional if conducting extensive media in county)</b>	Subcontractor A	Media log	Report Annually:  10/1/2012-9/30/2016

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**GOAL 1:** The target population (Supplemental Nutrition Assistance Program-Education (SNAP-Ed)/Nutrition Education and Obesity Prevention (NEOP) participants and those eligible up to 185% Federal Poverty Level (FPL)) is empowered and enabled to select healthy foods and beverages and increase physical activity through nutrition education, social marketing and environmental supports.

**Objective 8:** (Process) Annually, provide a minimum of five nutrition-education activities, inclusive of kick-off event, in support of local and regional *ReThink Your Drink* healthy beverage education efforts to reach 100-500 SNAP-Ed-eligible individuals in qualifying communities and promote and support the minimum of one environmental change that enhances *ReThink Your Drink* efforts.

**Social Ecological Model:**

☒ Individual ☒ Interpersonal: Social Groups ☒ Institutional/Organizational ☒ Community ☒ Policy/Environmental

Activities	Responsible Party	Deliverables	Timeframe
1. Attend a minimum of one <i>Network ReThink Your Drink</i> nutrition education Train the Trainer workshop and one <i>ReThink Your Drink</i> media and spokesperson training. a. Integrate approved <i>ReThink Your Drink</i> nutrition education materials from your Regional Collaborative and messages from the Regional Media training into designated county's <i>ReThink Your Drink</i> nutrition education activities and events.	Health Educator	Training agendas, list of training materials used in activities	Report Annually:  10/1/2012-9/30/2016
2. Provide 15-25 trainings to County Health Agency (Dental, Diabetes, Infant Health, CalFresh, WIC, community clinics) on <i>ReThink Your Drink</i> campaign messages and nutrition education materials such as posters, pamphlets, flyers, etc.	Health Educator	Copies of training agenda, Sign in logs, Copy of materials	Report Annually:  10/1/2012-9/30/2016
3. In coordination with Regional Collaborative event planning, conduct a County Health Department, <i>ReThink Your Drink</i> kick-off event, or public education event which includes invitations to local media.	Health Educator	Photos, press releases, Event flyer	Report Annually:  10/1/2012-9/30/2016

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Activities	Responsible Party	Deliverables	Timeframe
<p>4. Provide nutrition education promoting healthy beverage options at least four times during the course of the grant year to SNAP-Ed-eligible adults. Sample activities may include:</p> <ul style="list-style-type: none"> <li>a. Instruction on <i>ReThink Your Drink</i> nutrition education lessons and optional taste testing of healthy beverages               <ul style="list-style-type: none"> <li>i. Include education of the sugar content of beverages</li> <li>ii. Benefits and safety of drinking water</li> </ul> </li> <li>b. Strategically display <i>ReThink Your Drink</i> nutrition education materials: posters, pamphlets, flyers, etc. to reach target audience.</li> <li>c. Host a Healthy Beverage interactive booth, exhibit, display or table at qualifying events; reference the <i>Community Events Manual</i> as a guide</li> <li>d. Use template state developed <i>ReThink Your Drink</i> media pieces such as press releases, articles, etc. in local publications that reach the target audience</li> <li>e. Provide guidance for organizational policies and environmental supports for activities promoting healthy beverage options in qualifying settings to county and community programs</li> </ul> <p>Note: all nutrition education materials must be approved by the <i>Network</i> prior to distribution, with preference for use of existing State <i>Network ReThink Your Drink</i> branded materials.</p>	Health Educator	Flyers, Lesson Plans, Photos	Report Annually:  10/1/2012-9/30/2016

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Activities	Responsible Party	Deliverables	Timeframe
<p><b>5.</b> Identify priorities and develop a list of environmental support strategies with local partners to increase and promote access to healthy beverage options through public health approaches. Submit summary of local strategies to PM for review and approval. Some strategies may include:</p> <ul style="list-style-type: none"> <li><b>a.</b> Collaborate with local school district to update their wellness policy to reduce access to sugar-sweeten beverages and provide more healthy beverages option in appropriate serving sizes on campus</li> <li><b>b.</b> Reduce sugar-sweeten beverages (SSBs) from county welfare offices, public housing units, city parks and recreational facilities and/or school vending machines in eligible settings serving low-income populations and provide healthy beverage alternatives in appropriate serving sizes</li> <li><b>c.</b> Encourage partners to provide free drinking water to the public in common areas at such eligible venues:               <ul style="list-style-type: none"> <li>i. city and county facilities,</li> <li>ii. worksites, schools,</li> <li>iii. preschools,</li> <li>iv. afterschool programs</li> <li>v. community organizations</li> </ul> </li> <li><b>d.</b> Collaborate with local youth serving organizations working with low-income populations (such as parks and rec, sports leagues, booster clubs, etc.) to ensure that healthy beverages are available at community events for purchase</li> <li><b>e.</b> Encourage organizations to seek healthy beverage sponsorships</li> </ul> <p><b>6.</b> Advance and market the minimum of one environmental support strategy in an eligible local setting serving the low-income population that increases healthy beverage options and enhances the <i>ReThink Your Drink</i> campaign efforts.</p>	<p>Health Educator, Subcontractor A</p>	<p>Summary of local strategies</p>	<p>Report Annually: 10/1/2012-9/30/2016</p>
	<p>Health Educator, Subcontractor A</p>	<p>Local strategies implemented</p>	<p>Report Annually: 10/1/2012-9/30/2016</p>

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Activities	Responsible Party	Deliverables	Timeframe
<p><b>7. Conduct evaluation activities, to assess all <i>ReThink Your Drink</i> efforts which may include:</b></p> <ul style="list-style-type: none"> <li><b>a. Obtaining input from intermediaries via electronic or printed surveys</b></li> <li><b>b. Conducting informal consumer testing of new materials, and/or implementing brief consumer surveys</b></li> </ul>	<p>Research Specialist A-C</p>	<p>Analysis of Survey results (includes future revisions needed)</p>	<p>Report Annually: 10/1/2012-9/30/2016</p>

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**GOAL 1:** The target population (Supplemental Nutrition Assistance Program-Education (SNAP-Ed)/Nutrition Education and Obesity Prevention (NEOP) participants and those eligible up to 185% Federal Poverty Level (FPL)) is empowered and enabled to select healthy foods and beverages and increase physical activity through nutrition education, social marketing and environmental supports.

**Objective 9:** (Formative, Outcome) By September 30, 2016, create an evaluation plan and annually modify the plan based on the previous year's evaluation results and compile a final report on two targeted nutrition education and obesity prevention interventions that include environmental support; one focusing on reducing consumption of sugar sweetened beverages and the other focusing on increasing access and consumption of healthy foods through formative, process and outcome evaluations.

**Social Ecological Model:**

☐ Individual ☐ Interpersonal: Social Groups ☒ Institutional/Organizational ☒ Community ☒ Policy/Environmental

Activities	Responsible Party	Deliverables	Timeframe
1. Based on Plan developed in collaboration with Network Research and Evaluation consultant and Program Manager, determine, develop, and implement evaluation method appropriate to the stage of the intervention the organization has chosen to focus their work on for two (2) significant targeted interventions: one each in the areas of reducing consumption of sugar sweetened beverage and increasing access to healthy fresh food (see Baseline Objectives 8.5, 8.6, and 2.4). Mixed methods may be used. In Year 1, the evaluation will be formative, although as the work progress, it will be possible to generate outcomes (see Activity 5). The first year's work cannot begin until the grantee has identified the topics for change including the community engagement process.	Research Specialist A-C	Annual evaluation plan; An evaluation instrument (s) — structured interview, moderator's guide, survey, etc.	Report Annually: Year 1 Plan and Instrument 10/1/2012-2/28/2013  Successive Years 10/1/2013 10/1/2014 10/1/2015

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Activities	Responsible Party	Deliverables	Timeframe
2. Implement initial method for assessing status of each key intervention effort. The method may be key informant interview, focus group, observation, policy record, public opinion poll, knowledge survey, or other type of survey that will give you the baseline you need to move forward with change.	Research Specialist A-C	Year 1 Report of findings from initial baseline evaluation instrument; description of status of topic in the community; recommendations for direction of policy work on the topic	Report Annually:  Year 1 3/1/2013-5/1/2013 3/1/2014-5/1/2014 3/1/2015-5/1/2015 3/1/2016-5/1/2016
3. Use evaluation results to update and modify targeted intervention Plans of Action. (Objective 2, Activity 4 and Objective 8, Activity 7)	Research Specialist A-C	Successive years Report of evaluation findings; status; recommendations  Policy Plans of Action for both interventions	Report Annually:  6/1/2013-9/30/2015
4. Report results of the year's two in-depth targeted intervention evaluation projects. A template will be provided by the Research and Evaluation Section.	Research Specialist A-C	Interim report of findings from evaluation with description of changes, challenges, and plans regarding proceeding evaluation intervention steps.	Report Annually:  9/1/2013-9/30/2013 9/1/2014-9/30/2014 9/1/2015-9/30/2015

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Activities	Responsible Party	Deliverables	Timeframe
<p>5. Based on Plan developed with Network Research and Evaluation consultant and Program Manager, determine, develop, and implement evaluation method appropriate to monitor implementation and evaluate outcome of work on the two targeted interventions. Develop evaluation questions to assess the reach, adoption, and fidelity of implementation of the intervention components and core elements (process measures), as well as the effect (outcome). Two final reports must be done 9/1/16-9/30/16. If implementation has not occurred, the report should be directed at describing challenges and strategies for addressing them and offer alternative solutions for achieving the same goals as the unsuccessful targeted intervention. A final report structure will be provided by the Research and Evaluation Section.</p>	<p>Research Specialist A-C</p>	<p>Final policy evaluation report</p>	<p>Final Report: 9/1/16-9/30/16</p>

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**GOAL 1:**

The target population (Supplemental Nutrition Assistance Program-Education (SNAP-Ed)/Nutrition Education and Obesity Prevention (NEOP) participants and those eligible up to 185% Federal Poverty Level (FPL) is empowered and enabled to select healthy foods and beverages and increase physical activity through nutrition education, social marketing and environmental supports.

**Objective 10:**

(Process) Annually, a minimum of five to 10 Peer Educators will be recruited from the SNAP-Ed-eligible members in the community to reach a minimum of 10-50 peers in a minimum of 2-5 nutrition education/obesity prevention class series promoting food security as well as individual, family and organizational changes.

**Social Ecological Model:**

☒ Individual ☒ Interpersonal: Social Groups ☐ Institutional/Organizational ☐ Community ☐ Policy/Environmental

Activities	Responsible Party	Deliverables	Timeframe
<b>1. Recruit Peer Educators in qualified communities from:</b> a. Skill-based nutrition education/obesity prevention series classes b. CBO participants c. CalFresh offices d. CNAP partners e. Community based health centers f. Faith-based organizations g. Parents at early childcare sites h. School/afterschool sites	Subcontractor A, C-F	Documentation of recruitment efforts.	Report Annually: 10/1/2012-9/30/2016
Target ethnic specific minorities with health disparities identified in the LHD Infrastructure Assessment.			
<b>2. Participate in all required Network training related to Peer-to-Peer Education.</b>	Subcontractor A, C-F	Agendas	Report Annually: 10/1/2012-9/30/2016
<b>3. Project Coordinator and one to 10 Peer Educators will attend, in person, a one- to two-day training provided by the Network. The training will share different peer-to-peer models and best practices.</b>	Subcontractor A, C-F	Training agenda	Report Annually: 10/1/2012-9/30/2016
<b>4. Peer Educators will promote and conduct at least two to five education series to reach a minimum of 10-50 unduplicated SNAP-Ed-eligible individuals.</b>	Subcontractor A, C-F	Class sign in sheets, approved lesson plans	Report Annually: 10/1/2012-9/30/2016

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<b>Activities</b>	<b>Responsible Party</b>	<b>Deliverables</b>	<b>Timeframe</b>
<b>5.</b> Contact and invite local CalFresh outreach organizations to attend at least one education session in the series providing information on how to apply for the CalFresh program.	Subcontractor A. C-F	Participation Log	Report Annually: 10/1/2012-9/30/2016
<b>6.</b> Provide, at least three times a year, ongoing technical assistance to Peer Educators including modeling classes, assessment of teaching techniques, selection of venues, observation of presentations etc.	Subcontractor A. C-F	Technical Assistance log Observation Report	Report Annually: 10/1/2012-9/30/2016

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**GOAL 1:** The target population (Supplemental Nutrition Assistance Program-Education (SNAP-Ed)/Nutrition Education and Obesity Prevention (NEOP) participants and those eligible up to 185% Federal Poverty Level (FPL)) is empowered and enabled to select healthy foods and beverages and increase physical activity through nutrition education, social marketing and environmental supports.

**Objective 11:** (Impact/Outcome) Annually, conduct and report on Impact Outcome Evaluation (IOE) to assess change in healthy food and beverage consumption and related factors such as perceived benefits of eating healthier foods and beverages, perceived control, self-efficacy, readiness to consume healthier foods and beverages, and perceived diet quality among a group of at least 100 adults.

**Social Ecological Model:**

☒ Individual ☐ Interpersonal: Social Groups ☐ Institutional/Organizational ☐ Community ☐ Policy/Environmental

Activities	Responsible Party	Deliverables	Timeframe
<p><b>1. LHD grantee can apply this objective to work done to meet Baseline</b> Objective 6 if it is reasonably expected that sufficient participants will be taking part to demonstrate statistically significant results (n = 100 or more). Identify population for Outcome/Impact Evaluation. Determine if project will include a control group (also n of near 100). Develop Impact Outcome Evaluation (IOE) plan with Research and Evaluation staff. (This work may be done in proposal)</p>	Research Specialist A-C	Description of IOE Plan	10/1/2012-11/30/2012
<p><b>2. Administer Network Food Behavior Checklist, Fruit and Vegetable Checklist, or Rethink Your Drink surveys for adults (depending on the intervention) or Network Youth (children to grade 8), or Network High School Survey or Rethink Your Drink survey (high school) to target audience at intervention sites, using identification numbers (not names) to protect participant privacy. Pre-tests are to be administered prior to intervention, and post-tests afterwards to measure change in consumption and related factors. If desired, work with Research and Evaluation staff to add validated measures for additional behavioral determinants.</b></p>	Research Specialist A-C, Administrative Assistant, Subcontractor A	Matched surveys	10/1/2012-12/15/2012

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<b>Activities</b>	<b>Responsible Party</b>	<b>Deliverables</b>	<b>Timeframe</b>
3. Create a data file with pre-test and post-test survey data using <i>Network</i> -provided code sheets and, when possible, using <i>Network</i> provided data entry templates. The data file must contain a minimum of 100 matched pre- and post-tests. Complete data analysis.	Research Specialist A-C, Administrative Assistant	Data file	11/1/2012-7/2013
4. Each grant year, develop an evaluation plan in concert with the Program Manager and Research and Evaluation Section (RES) for the next grant year. Findings from current and prior evaluations will be used to refine nutrition education activities and increase rigor of the subsequent evaluation.	Research Specialist A-C	IOE Plan	Report Annually: 10/2012-7/31/2016
5. Submit a set of IOE report documents, using <i>Network</i> templates, by July 31 <sup>st</sup> to the Program Manager and RES. This will include: a. IOE Final Report. b. Data file. c. IOE Plan for upcoming year.  Interventions for children use separate RES designed IOE report and plan templates from those designed for adults.  If conducting multiple evaluations, such as one of children and one of adults, a separate report and plan must be submitted for each evaluation.	Research Specialist A-C	IOE Report, data file, IOE Plan	Report Annually: 10/1/2012-7/31/2016

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**GOAL 1:** The target population (Supplemental Nutrition Assistance Program-Education (SNAP-Ed)/Nutrition Education and Obesity Prevention (NEOP) participants and those eligible up to 185% Federal Poverty Level (FPL)) is empowered and enabled to select healthy foods and beverages and increase physical activity through nutrition education, social marketing and environmental supports.

**Objective 12:** (Process) Annually, engage a minimum 20-30 of qualifying schools and 20-30 qualifying afterschool/extended break programs to reach 7,000-10,500 children and 7,000-10,500 parents to increase nutrition education and physical activity opportunities and social marketing strategies that increase access and consumption of healthy food and beverages at each site.

## Social Ecological Model:

☒ Individual ☒ Interpersonal: Social Groups ☒ Institutional/Organizational ☒ Community ☐ Policy/Environmental

Activities	Responsible Party	Deliverables	Timeframe
1. Attend all <i>Network</i> required trainings and webinars regarding resources and tools for the school and afterschool setting annually.	Subcontractor B	Record of participation	Report Annually: 10/01/2013-9/30/2016
2. Recruit schools as sub-grantees through local procurement procedures.	Subcontractor B	List of sub-grantees	10/1/2013-9/30/2014
3. Establish relationships and commitment of support for nutrition education interventions, wellness policy expansion and staff development in these areas from County Office of Education, school district and after school administrators. Facilitate ongoing communication with identified administrators supporting healthy school/afterschool campaigns.	Subcontractor B	List of Contacts Activity Tracking Form (ATF)	Report Annually: 10/01/2013-9/30/2016
4. Establish relationships and commitment of support for nutrition education interventions, wellness policy expansion and staff development in identified areas from school and afterschool site administrators to increase healthy food and beverage access and availability, increase opportunities for physical activity throughout the school day and during the afterschool program. Facilitate ongoing communication throughout the school year providing nutrition education resources and maintain support for healthy school/afterschool campaigns.	Subcontractor B	List of Contacts ATF	Report Annually: 10/01/2013-9/30/2016

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<b>Activities</b>	<b>Responsible Party</b>	<b>Deliverables</b>	<b>Timeframe</b>
5. Recruit and assign staff for each school site to assist in the scheduling and training of teachers and afterschool staff on <i>Network</i> nutrition education interventions, campaigns, and resources.	Subcontractor B	Staff assignment/Job description	Report Annually: 10/01/2013-9/30/2016
6. Staff will provide participating schools and afterschool sites with posters, recipes, materials and food supplies to conduct nutrition education and tasting demonstrations for students at least six times per year. Grantee shall ensure staff meets required activities and report outcomes.	Subcontractor B	Invoice records (on file) List of materials provided with dates	Report Annually: 10/01/2013-9/30/2016
7. Conduct a healthy school and/or afterschool assessment of the school and/or afterschool site applying assessment tools provided by the <i>Network</i> and compile a comprehensive report.	Subcontractor B	Assessment report results	Report Annually: 10/1/2013-9/30/2016

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Activities	Responsible Party	Deliverables	Timeframe
<p><b>8.</b> Staff will provide a minimum of two trainings for teachers, afterschool staff and other personnel who are conducting nutrition education obesity prevention intervention. Teachers and afterschool leaders can apply training knowledge to the students. Some topics may including the following:</p> <ul style="list-style-type: none"> <li><b>a.</b> Orientation to the <i>Network</i> program, The results of the school assessment and School Wellness Policy including information on new policies</li> <li><b>b.</b> Utilizing <i>Harvest of the Month</i> and <i>Farmer of the Month</i> materials in the classroom, after school program, parent education, and the cafeteria such as: posters, displays, Farm to School/<i>Harvest of the Month</i> workbooks etc.</li> <li><b>c.</b> Information on promotion of evidence based physical activity programs and how they can be linked with nutrition education, such as Sports, Play, and Active Recreation for Kids (SPARK), and Coordinated Approach To Child Health (CATCH).</li> <li><b>d.</b> Creating a healthy school environment such as healthy school parties, not using food for rewards, modeling healthy eating behaviors etc.</li> <li><b>e.</b> Effective nutrition education resources and strategies including but not limited to: <i>Harvest of the Month</i>, <i>ReThink Your Drink</i>, <i>Children's PowerPlay! Campaign</i> materials, garden-based nutrition education, integrating physical activity, food safety, and how to conduct cooking lessons and food demonstrations. Model teaching strategies, lessons, and share best practices.</li> </ul> <p><b>9.</b> Staff will set up a tracking system to collect data on the nutrition education obesity prevention interventions at each school site.</p>	<p>Subcontractor B</p>	<p>Log of trainings conducted</p> <p>Training materials</p> <p>ATF</p>	<p>Report Annually:</p> <p>10/01/2013-9/30/2016</p>
	<p>Subcontractor B Research Specialist A-C</p>	<p>EARS/ATF</p>	<p>Report Annually: 10/01/2013-9/30/2016</p>

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<b>Activities</b>	<b>Responsible Party</b>	<b>Deliverables</b>	<b>Timeframe</b>
<b>10.</b> Attend School and afterschool events such as Back-to-School nights, Open House, health fairs, PTA meetings. Inform and engage parents on classroom and afterschool nutrition education obesity prevention interventions and campaigns, and provide the results of the healthy school's assessment.	Subcontractor B	Log of meetings and activities completed  ATF	Report Annually:  10/01/2013-9/30/2016
<b>11.</b> Staff will provide technical support to classroom teachers, child nutrition personnel, administrators on school wellness policy updates that support the nutrition education obesity prevention messages.	Subcontractor B	Log of technical support	Report Annually: 10/01/2013-9/30/2016
<b>12.</b> Conduct an evaluation using a survey tool completed by school administration and teachers. Determine the effectiveness of the trainings, resources and tools provided and applicable usage to classroom teaching assessing challenges, successes and soliciting topics for the next year's trainings.	Subcontractor B Research Specialist A-C	Report on evaluation results	Report Annually: 10/01/2013-9/30/2016

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Activities	Responsible Party	Deliverables	Timeframe
<p><b>13.</b> At school sites collaborate and coordinate with school administration, teachers, school wellness committee, parent organizations, after school administrators, School Nutrition Program and community partners. Promote implementation of the following strategies to increase access and consumption of healthy foods which may include wellness policy updates:</p> <ul style="list-style-type: none"> <li>a. Actively engage local farmers and growers to establish a Farm to School program and provide <i>Harvest of the Month</i> produce items in the school cafeterias</li> <li>b. Develop a school gardening project that includes garden-base nutrition education</li> <li>c. Provide information and training to school food service and schools on how to make use of garden grown produce in school cafeterias</li> <li>d. Support implementation of salad bars at school sites</li> <li>e. Support implementation of healthy food procurement policies in vending machines, fundraiser activities, school events</li> <li>f. Encourage participation in Child and Adult Care Food Program (CACFP) snack and meal programs in afterschool programs</li> <li>g. Promote implementation of healthy food and beverage standards for competitive foods at schools and afterschool sites</li> <li>h. Encourage implementation of marketing strategies to increase healthier food selection and consumption</li> </ul>	Subcontractor B	<p>Collaboration Log</p> <p>Copy of districts updated wellness policy (if applicable)</p> <p>Success story</p>	Report Annually:  10/01/2013-9/30/2016

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**GOAL 1:** The target population (Supplemental Nutrition Assistance Program-Education (SNAP-Ed)/Nutrition Education and Obesity Prevention (NEOP) participants and those eligible up to 185% Federal Poverty Level (FPL)) is empowered and enabled to select healthy foods and beverages and increase physical activity through nutrition education, social marketing and environmental supports.

**Objective 13:** (Process) Conduct a youth engagement (YE) project engaging at least one to five SNAP-Ed-eligible youth team(s) to engage in leadership, critical thinking, problem-solving, community-based research and to address an identified issue with consumption and access to healthy foods and beverages and physical activity opportunities in their environment and identify solutions applying public health approaches.

## **Social Ecological Model:**

☒ Individual ☒ Interpersonal: Social Groups ☒ Institutional/Organizational ☒ Community ☐ Policy/Environmental

Activities	Responsible Party	Deliverables	Timeframe
1. Local Health Department (LHD) recruits youth serving agency, Community Based Organization (CBO), park and recreation group or middle/high school or after schools to conduct the youth engagement project (target: agencies/schools that work with youth, ages 12-18).	Subcontractor B, G-J	Name of youth serving agency or school recruited/ confirmed and contact person(s) confirmed (on file)	10/2013-12/2013
2. Recruit an Adult Ally at a youth serving agency, CBO, park and recreation department or middle/high school or afterschool qualifying site to work directly with youth team. The Adult Ally and the project coordinator will participate in all <i>Network</i> sponsored webinars, conference calls and in-person Youth Engagement trainings offered by <i>Network</i> Youth Initiatives Consultant.	Subcontractor B, G-J	Participant Log (on file)	01/2014-09/2014
3. Adult Ally recruits youth and forms team(s) with a <u>minimum</u> of six students. Collect parent-permission slips and photo releases from youth.	Subcontractor B, G-J	Youth roster and permission slips (on file)	01/2014-09/2014

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Activities	Responsible Party	Deliverables	Timeframe
<p>4. Provide orientation to members of the youth team. Orientation to include basic nutrition education information, importance of physical activity (through integration into comprehensive nutrition education lessons), taste testing, overview of youth-led participatory action research, and overview of youth development principles.</p>	<p>Subcontractor B, G-J</p>	<p>Attendance sheets for meetings with youth team (on file), orientation outline</p>	<p>01/2014-09/2014</p>
<p>5. Following orientation, Adult Ally will meet with the youth team guiding them through the process of conducting youth-led projects. Additional technical assistance, training and support to Adult Ally and youth teams on conducting youth-led nutrition will be provided as needed by the State Network Youth Initiatives Consultant. With the support/guidance of the Adult Ally, the youth-led nutrition education project process includes the youth team:</p> <ul style="list-style-type: none"> <li>a. Selecting the issue(s) to research</li> <li>b. Creating research tool and conducting the research project around selected issue(s) (the tool can be a survey, photo voice or video voice project, interviews etc.)</li> <li>c. Gathering information/data via the research tool and analyzing the data. Identifying public health approaches to reach solutions</li> <li>d. Preparing presentation/reports presenting to key stakeholders (such as PTA, School Staff, District Staff, Community Agencies, etc.) based on the data/information discovered by the research tool</li> <li>e. Conducting presentations to those leaders/stakeholders to share the findings from their research, in order to bring about necessary changes/improvement</li> <li>f. Documenting any changes in system or policy based on their project</li> <li>g. Conducting nutrition education and awareness activities to their peers, family members and the qualifying community to advance solutions</li> </ul>	<p>Subcontractor B, G-J</p>	<p>Attendance sheets from meetings (on file), copies of research tool, project and presentation/ reports created by youth team, document participation in activities via photos, press releases, media attention, or various newsletters, ATF</p>	<p>10/2014-09/2015</p>

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Activities	Responsible Party	Deliverables	Timeframe
6. Adult Ally and Youth Leaders will participate in annual statewide or regional youth forum/meetings offered by the <i>Network for a Healthy California</i> – in which Youth Leaders from all Youth Engagement sites attend in order to strengthen their skills in youth-led participatory action research, public speaking skills, etc., in relationship to nutrition education and obesity prevention.	Subcontractor B, G-J	Attendance sheet on file	Report Annually: 10/2014-09/2016
7. Project Coordinator and Adult Ally will re-engage/recruit new team of youth, as well as include any continuing Youth Leaders (if interested), in the process under <u>Activities 3, 4 and 5</u> as outlined above, to conduct project again, with a new team of Youth Leaders and examine new issue to address for the research project.	Subcontractor B, G-J	Youth roster, parent permission slips, attendance sheets from meetings (on file), copies of research tool, project and presentation/ reports created by youth team, document participation in activities via photos, press releases, media attention, or various newsletters, ATF	10/2015-09/2016
8. Adult Ally and Youth Leaders will participate in annual statewide or regional youth forum/meetings offered by the <i>Network for a Healthy California</i> , in which Youth Leaders from all Youth Engagement sites attend in order to strengthen their skills in youth-led participatory action research, public speaking skills, etc., in relationship to nutrition education and obesity prevention.	Subcontractor B, G-J	Attendance sheet on file	10/2015-09/2016

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**GOAL 1:** The target population (Supplemental Nutrition Assistance Program-Education (SNAP-Ed)/Nutrition Education and Obesity Prevention (NEOP) participants and those eligible up to 185% Federal Poverty Level (FPL) is empowered and enabled to select healthy foods and beverages and increase physical activity through nutrition education, social marketing and environmental supports.

**Objective 14:** (Process) Annually, qualify and engage one to five worksites using the *California Fit Business Kit* (CFBK) tools and provide technical assistance on CFBK tool implementation, nutrition education obesity prevention, and social marketing strategies to reach 50-100 SNAP-Ed-eligible workers.

**Social Ecological Model:**

☒ Individual ☒ Interpersonal: Social Groups ☒ Institutional/Organizational ☒ Community ☒ Policy/Environmental

Activities	Responsible Party	Deliverables	Timeframe
1. Participate in all required <i>Network for a Healthy California - Worksite Program</i> trainings in person and/or via webinars.	Subcontractor K-N	Agendas on file	Report Annually: 10/1/2012-9/30/2016
2. Collaborate with local and state <i>Network</i> partners to identify one to five existing qualified worksites and/or qualify new worksites for the <i>Worksite Program</i> .	Subcontractor K-N	List of worksites identified & documented in ATF. Qualification forms on file. Partnership agreements	Report Annually: 10/1/2012-9/30/2016
3. Provide technical assistance to qualified worksites on CFBK tools: <i>Check for Health, Establishing a Worksite Wellness Committee</i> . a. Assist each <i>Worksite Wellness Committee</i> in completing the assessment tools b. Assist in creating an action plan for CFBK tool implementation and nutrition education events c. Assist <i>Worksite Wellness Committee</i> establishment	Subcontractor K-N	Action Plan and Progress Report for each worksite	Report Annually: 10/01/2012-9/30/2016

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<b>Activities</b>	<b>Responsible Party</b>	<b>Deliverables</b>	<b>Timeframe</b>
<p>4. Based on the <i>Check for Health</i> assessment, provide technical assistance to Worksite Wellness Committee in selecting and implementing two additional CFBK tools promoting healthy worksite strategies such as:</p> <ul style="list-style-type: none"> <li>a. Model procurement (Vending) policies</li> <li>b. Access to healthy foods through establishing healthier options in the cafeteria including promotion strategies</li> <li>c. Access to free drinking water throughout the work day</li> <li>d. Ensure a private, clean space for nursing mothers to pump during the work day</li> <li>e. Opportunities for physical activity during breaks and lunch and during meetings</li> <li>f. Implement strategies that promote purchasing/consumption of fruits and vegetables</li> <li>g. Actively engage in Farm to Fork strategies including partnering with local growers and other businesses to have a farmers' market near the worksite.</li> </ul>	Subcontractor K-N	Copies of policies and other documentation of worksite environmental & policy changes  Photos and quotes from employers and employees  Documentation of technical assistance	Report Annually: 10/1/2012-9/30/2016
<p>5. Once worksites have implemented the CFBK tools, provide technical assistance to worksites in completing the worksite Evaluation Tool to demonstrate the impact of the CFBK.</p>	Subcontractor K-N	Completed Evaluation Tool for each worksite,	Report Annually: 10/1/2013-09/30/2016
<p>6. Assess additional educational opportunities for worksite employees. As allowed by worksite employer consent and available personnel, provide additional nutrition education lessons to worksites based on the results of the needs assessment on topics prioritized by worksite employees</p>	Subcontractor K-N	Nutrition education lesson plans on file. Record of nutrition education lessons & documented in ATF	Report Annually: 10/1/2014-09/30/2016

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Activities	Responsible Party	Deliverables	Timeframe
<p>7. Connect worksites with community partners to provide a minimum of one to three worksite health promotion events such as:</p> <ul style="list-style-type: none"> <li>a. Health fairs,</li> <li>b. Health education,</li> <li>c. Farmers' markets,</li> <li>d. Other health-related events that support healthy worksites.</li> </ul>	Subcontractor K-N	Event Fliers & Photos. Record of conducted events & documented in ATF	Reported Annually: 10/1/2012-9/302016

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**GOAL 1:** The target population (Supplemental Nutrition Assistance Program-Education (SNAP-Ed)/Nutrition Education and Obesity Prevention (NEOP) participants and those eligible up to 185% Federal Poverty Level (FPL)) is empowered and enabled to select healthy foods and beverages and increase physical activity through nutrition education, social marketing and environmental supports.

**Objective 15:** (Process) Annually, engage a minimum of one to five qualifying grocery retailers (such as: supermarkets, grocery stores, and/or independent grocers) in the county to reach 50 -100 SNAP-Ed-eligible residents through nutrition education materials, food demonstrations, store tours, and point of purchase strategies.

**Social Ecological Model:**

☒ Individual ☒ Interpersonal: Social Groups ☒ Institutional/Organizational ☒ Community ☒ Policy/Environmental

Activities	Responsible Party	Deliverables	Timeframe
1. Participate in all required <i>Network for a Healthy California -Retail Program</i> trainings in person and/or via webinars.	Subcontractor O-R	Record of attendance, training agendas	Report Annually: 10/1/2012-9/30/2016
2. Develop partnerships and Plan of Action with one to five retail owners, managers, and/or staff and work with retail owners, managers and staff on healthy retail strategies including: nutrition education, benefits to the neighborhood, economic benefits of accepting food-assistance programs, and healthy point of purchase strategies. Target and prioritize retail stores based on CX <sup>3</sup> assessment.	Subcontractor O-R	Partnership Agreements, Plans of Action document	Report Annually: 10/1/2012-9/30/2016
3. Acquire food handling certification (such as ServSafe) that meets the county's requirements for the staff responsible for engaging the retail sites. Each food demonstration must be appropriately staffed to meet the requirements of the county. Food demonstrations should promote and market healthy food products available for purchase at the retailer.	Subcontractor O-R	Copy of Certification for staff	Report Annually: 10/1/2012-9/30/2016

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Activities	Responsible Party	Deliverables	Timeframe
<p>4. Coordinate, promote, and conduct one to three promotional events at participating stores that highlight healthy changes in GIS-qualified communities. Collaborate with the produce industry, food security organizations, and/or local decision makers, if available, on these events. Secure donations for events.</p>	<p>Subcontractor O-R</p>	<p>Calendar of events, photos of events, evaluation summary of promotional activities</p>	<p>Report Annually: 10/1/2012-9/30/2016</p>
<p>5. Distribute and maintain appropriate nutrition-education materials such as the <i>Harvest of the Month</i> community newsletters, posters, signage, recipe cards, wobblers, magnets, window clings, <i>ReThink Your Drink</i> materials, hardware, in-store audio, CalFresh materials, etc., to qualifying stores, based on the size of the store. Update monthly.</p>	<p>Subcontractor O-R</p>	<p>Product Usage Report from the Online Ordering System</p>	<p>Report Annually: 10/1/2012-9/30/2016</p>
<p>6. Partner with one to five local farmers, farmers' markets, wholesale distributors, and/or community supported agriculture programs to facilitate business connections to the one to five qualifying retailers, with the goal of increasing access to fresh local, affordable produce.</p>	<p>Subcontractor O-R</p>	<p>Partnership Agreements and Plans of Action</p>	<p>Report Annually: 10/1/2013-9/30/2016</p>
<p>7. Provide technical assistance to one to five qualifying retailers on approaches to increase availability and promotion of healthy food and beverage purchases, such as:</p> <ul style="list-style-type: none"> <li>a. Promoting healthy items through placement/promotion strategies</li> <li>b. Promoting healthy items through reduced pricing strategies</li> <li>c. Improving the selection, quantity, and quality of more healthy food items throughout the store</li> <li>d. Actively engaging in Farm to Fork efforts that promote seasonal produce items matching the monthly <i>Harvest of the Month</i> education elements</li> <li>e. Encouraging corner store conversion projects with other funding sources</li> </ul>	<p>Subcontractor O-R</p>	<p>Log of technical assistance activities, summary of outcomes</p>	<p>Report Annually: 10/1/2013-9/30/2016</p>

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**GOAL 1:** The target population (Supplemental Nutrition Assistance Program-Education (SNAP-Ed)/Nutrition Education and Obesity Prevention (NEOP) participants and those eligible up to 185% Federal Poverty Level (FPL)) is empowered and enabled to select healthy foods and beverages and increase physical activity through nutrition education, social marketing and environmental supports.

**Objective 16:** (Process) Annually, reach 20-100 children ages birth to five and their families by developing partnerships and providing training and technical assistance to at least one to five qualifying early-childhood care and education sites and one to five medical/dental providers/clinics to facilitate nutrition education and obesity prevention strategies resulting in healthy site changes.

**Social Ecological Model:**

☒ Individual ☒ Interpersonal: Social Groups ☒ Institutional/Organizational ☒ Community ☐ Policy/Environmental

Activities	Responsible Party	Deliverables	Timeframe
1. Attend required <i>Network</i> -sponsored trainings specific to early-childhood settings; regarding resources, strategies and public health approaches.	Subcontractor S-V	Record of participation	Report Annually:  10/1/2012-9/30/2016
2. Maintain ongoing outcomes-focused coordination and frequent communication with agencies and organizations serving young children and their families such as: <ul style="list-style-type: none"> <li>a. Women, Infants, and Children (WIC) Program</li> <li>b. Child and Adult Care Food Program (CACFP)</li> <li>c. Child Care Resource and Referral Agencies (R &amp; R's)</li> <li>d. First 5 County Commissions</li> <li>e. County Offices of Education</li> <li>f. County Offices of Social Services/Child Care Licensing</li> </ul>	Subcontractor S-V	Partner contact list  Meeting agendas, summary of outcomes resulting from coordination	Report Annually:  10/1/2012-9/30/2016
Invite the participation of these agencies and organizations in the County Nutrition Action Plan (CNAP) as appropriate.			

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Activities	Responsible Party	Deliverables	Timeframe
<p>3. Identify one to five qualifying early-childhood care and education sites. Engage site decision makers to conduct a self-assessment with a <i>Network</i> provided tool, related to nutrition education and obesity prevention strategies and healthy site changes; parents should be engaged as appropriate.</p>	<p>Subcontractor S-V</p>	<p>Site contact list  Self-assessment results</p>	<p>Report Annually:  10/1/2012 – 9/30/2016</p>
<p>4. Compile materials and provide training for early childhood care and education sites. Training should include existing assessment tools and USDA approved existing nutrition education materials, and should cover, at minimum, the following topics:</p> <ul style="list-style-type: none"> <li>a. Early childhood care and education site nutrition and physical activity self-assessment</li> <li>b. Healthy nutrition and physical activity site policy development</li> <li>c. Nutrition education and physical activity promotion for young children (basic nutrition education, how to conduct a lesson, how to integrate lessons with other education content, etc.)</li> <li>d. Nutrition education and physical activity promotion for the parents of young children (basic nutrition education, how to conduct a lesson, etc.)</li> <li>e. How to implement healthy food demonstrations/taste tests</li> <li>f. Engaging parents in healthy eating and active living decision-making processes (e.g., parent advisory boards, parent/peer advocate organizations, etc.)</li> <li>g. Evaluation Basics</li> </ul>	<p>Subcontractor S-V</p>	<p>Training lesson plans, training materials, training dates, list of trained sites</p>	<p>Report Annually:  10/1/2012 – 9/30/2016</p>

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Activities	Responsible Party	Deliverables	Timeframe
<p><b>5.</b> Work with trained sites to create or update healthy site changes based on the assessments and parent engagement processes. Some health site change strategies may include:</p> <ul style="list-style-type: none"> <li>a. Actively engaging in Farm to Fork strategies and healthy procurement efforts that result in serving more seasonal fresh fruits and vegetables at snack and meal times</li> <li>b. Ensure fresh free drinking water is available to children during the entire day</li> <li>c. Ensure foods and beverages provided to children adhere to the Dietary Guidelines for Americans and promote acceptance of a variety of foods</li> <li>d. Establish, implement, and maintain written guidelines for healthy celebrations and for food delivered on site by families</li> <li>e. Establish, implement and maintain procedures for engaging children in at least 60 minutes of daily physical activity</li> </ul>	Subcontractor S-V	Description of healthy site changes	Report Annually:  07/1/2012 –9/30/2016
<p><b>6.</b> Implement and maintain a system for tracking and collecting accurate information on the numbers and types of healthy site changes (including but not limited to, the location where healthy changes have been implemented, population impacted by the changes, date the changes became effective, any plans for additional changes, etc.).</p>	Research Specialist A-C	Data tracking system (on file)	Report Annually:  10/1/2012 – 9/30/2016

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<b>Activities</b>	<b>Responsible Party</b>	<b>Deliverables</b>	<b>Timeframe</b>
7. Provide on-going technical assistance (e.g., model a lesson, provide resources and materials, provide guest speakers, arrange additional training, etc.) and tracking support to trained sites. Sites will revise healthy site change strategies as appropriate for each site.	Subcontractor S-V	Technical assistance log, participating site data on healthy site changes	Report Annually:  10/1/2012-9/30/2016
8. Contact one to five medical/dental providers/clinics that primarily serve qualifying children birth to five and their families; to provide training and education packets. Conduct at least one provider training annually; that advances and promotes the same nutrition education messages and obesity prevention strategies as those used by engaged early-childhood care and education sites.	Subcontractor S-V	Provider/clinic contact list, meeting agendas, sign-in sheets and/or activity logs	Report Annually:  10/1/2012 – 9/30/2016
9. Engage providers as community leaders to advance and promote healthy community changes that combat childhood obesity (e.g., to prioritize healthy eating and physical activity discussions with parents of young children; provide in-office nutrition education materials, posters, and counter signage; speak in various community venues regarding the importance of healthy eating and active living; etc.).	Subcontractor S-V	Meeting agendas	Report Annually:  07/1/2013–9/30/2016

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**Objective 17:** (Process) Annually, engage one to five qualifying churches in predominantly African-American and/or Latino communities to implement the *Body and Soul* program, and culturally relevant nutrition education and physical activity promotion to reach 20-100 participants and to influence organizational and systems changes in the church community.

**Social Ecological Model:**

☒ Individual ☒ Interpersonal: Social Groups ☒ Institutional/Organizational ☒ Community ☒ Policy/Environmental

Activities	Responsible Party	Deliverables	Timeframe
1. Recruit and assign qualified staff member to engage the faith-based community; this person should be culturally competent. Possess knowledge of cross-cultural skills, awareness of cultural worldviews as well as cultural differences, attitudes and practices. Understand faith-based organization operations.	Subcontractor B, W-Z	Documentation of recruitment efforts.	Report Annually: 10/1/2012-9/30/2016
2. Assigned staff will attend all required <i>Network</i> training on how to engage church leaders and implement and track <i>Body and Soul</i> program and complementary nutrition-education components. Trainings will include a minimum of two <i>Network</i> webinars providing updates, evidence based practices and showcasing successful faith-based interventions	Subcontractor B, W-Z	Summary of participation	Report Annually: 10/1/2012-9/30/2016
3. Assigned staff will recruit qualifying church sites and engage church leadership to support the program. Include key members such as the pastor's spouse, cooking staff and church groups to increase participation in the program.	Subcontractor B, W-Z	List of leadership and key contacts list	Report Annually: 10/1/2012-9/30/2016
4. Assigned staff will train church sites to conduct interventions using the <i>Body and Soul</i> program and <i>Toolbox for Community Educators, Health Ministry Guide</i> and other <i>Network</i> resources. Provide technical assistance and support to churches. Ensure the efficient and effective delivery of the comprehensive program.	Subcontractor B, W-Z	Class sign in sheets, Activity Tracking Form	Report Annually: 10/1/2012-9/30/2016

**Exhibit A  
SCOPE OF WORK**

**County of Los Angeles, Department of Public Health  
12-10170**

Activities	Responsible Party	Deliverables	Timeframe
<p><b>5.</b> Assigned staff will provide technical support to church members. Conduct walkability assessment and conduct assessment of foods prepared, provided, and sold at church events applying <i>Network-provided tools</i>. Apply assessment results to develop strategies for improving the quality of foods served at church-related functions and events, and increase physical activity opportunities. Strategies may include:</p> <ul style="list-style-type: none"> <li>a. Implement and promote healthier fundraisers such as healthy food items, jog-a-thons, dance-a-thons, fruit stands etc.</li> <li>b. Implement cooking classes referencing the <i>African American Cookbook</i> or <i>Latino Flavors of My Kitchen Cookbook</i></li> <li>c. Include nutrition education and physical activity in children's programs, youth meetings, Sunday-School classes, Vacation Bible School, etc.</li> </ul> <p>Actively engage in Farm to Fork initiatives to increase fruit and vegetable consumption which may include hosting farmers markets on site or using local fresh ingredients in the church's food preparations.</p>	<p>Subcontractor B, W-Z</p>	<p>Technical assistance Log, assessment results</p> <p>Strategies and timeline</p>	<p>Report Annually:  10/1/2012-9/30/2016</p>

**Exhibit A**  
**SCOPE OF WORK**

**County of Los Angeles, Department of Public Health**  
**12-10170**

Activities	Responsible Party	Deliverables	Timeframe
<p>6. Assigned staff will provide technical assistance to the site based on the results of the assessments (outlined in Activity 5). The site leadership will advance, implement and promote healthy environmental changes at the church, such as:</p> <ul style="list-style-type: none"> <li>a. Create an overarching healthy food and beverage policy for church celebrations and meetings. Ensure healthy foods and beverages are provided and limit choices high in fat, sugar, and sodium.</li> <li>b. Initiate a community garden at the church.</li> <li>c. Initiate on-going walking clubs for church members. Pursue and establish joint-use agreements with city-schools to create opportunities for increased community physical activity.</li> </ul> <p>Develop a healthy donation and distribution policy for churches operating food pantries or food closets</p>	<p>Subcontractor W-Z</p>	<p>Copies of implemented policies, pictures etc.</p>	<p>Report Annually: 10/1/2012-9/30/2016</p>
<p>7. Engage church leadership in County Nutrition Action Plan (CNAP), other faith-based work and neighborhood organizations and schools to support and advance healthy changes.</p>	<p>Subcontractor W-Z</p>	<p>Meeting agendas, contact logs</p>	<p>Report Annually: 10/1/2012-9/30/2016</p>

<b>LHD BUDGET</b> <b>2013-2016</b> <b>Contract# 12-10170</b>					
Budget	2013	2014	2015	2016	Total
Personnel Salaries	\$ 1,078,805	\$ 1,683,237	\$ 2,896,657	\$ 2,896,657	\$ 8,555,356
Fringe Benefits	\$ 488,712	\$ 740,151	\$ 1,307,327	\$ 1,307,327	\$ 3,843,517
Operating	\$ 108,795	\$ 162,496	\$ 152,151	\$ 152,151	\$ 575,593
Equipment	\$ 68,958	\$ -	\$ -	\$ -	\$ 68,958
Travel	\$ 15,376	\$ 35,958	\$ 58,896	\$ 60,231	\$ 170,461
SubContracts	\$ 867,805	\$ 9,213,667	\$ 7,480,000	\$ 7,480,000	\$ 25,041,472
Other Costs	\$ 101,550	\$ 1,886,532	\$ 937,821	\$ 57,735	\$ 2,983,638
Indirect Costs	\$ 269,701	\$ 420,809	\$ 724,164	\$ 724,164	\$ 2,138,838
<b>Total</b>	<b>\$ 2,999,702</b>	<b>\$ 14,142,850</b>	<b>\$ 13,557,016</b>	<b>\$ 12,678,265</b>	<b>\$ 43,377,833</b>

<b>Description of budget categories:</b>	
<u>Personnel and Fringe benefits:</u>	Covers the salaries of 19 County staff including benefits. Total personnel costs increase in FFY15 and FFY16 as the work performed by temporary personnel transitions to County positions with higher salaries (calculated at the 5th step) and benefits.
<u>Operating:</u>	Rent, supplies, postage, printing, software lincensing, communications, and room rentals.
<u>Equipment:</u>	Computers, printers, copier and scanner.
<u>Travel:</u>	Conferences, trainings, meetings, and mileage.
<u>Subcontracts:</u>	Temporary personnel services (MAWO), media (RSFQ), and community partners (soliciations).
<u>Other Costs:</u>	Warehouse (storage and delivery of LHD materials), van, promotional materials, food demonstrations, event fees (booth participating and community events), webinars, and media. The increase in other costs from FFY13 to FFY14 is due to increased media placement (media is a line item in other costs). Media in FFY13 is approx. \$53K; in FFY14 media increases to approx. \$1.8M. The state is paying for media placement in FFY13 as part of our agreement to accept less in year 1 (FFY13).
<u>Indirect Costs:</u>	DPH Finance directed the program to utilize the indirect rate of 25%. However, we are prepared to make a budget adjustmet to correct the indirect rate once the award is received.



**JONATHAN E. FIELDING, M.D., M.P.H.**  
*Director and Health Officer*

**CYNTHIA A. HARDING, M.P.H.**  
*Chief Deputy Director*

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Fifth District

January 17, 2013

TO: Each Supervisor

FROM: Jonathan E. Fielding, M.D., M.P.H. *JE Fielding m*  
Director and Health Officer

SUBJECT: **COMMUNITY TRANSFORMATION GRANT – YEAR ONE**

This is in response to the September 18, 2012 Board motion instructing the Department of Public Health (DPH) to report to the Board after the close of each year on the Community Transformation Grant project known as "Choose Health LA", funded by the Centers for Disease Control and Prevention (CDC). Year 1 of the project ended on September 30, 2012. This report provides updates on progress across the project's strategic directions, including milestones and outcomes achieved.

**Public Education/Outreach**

In early October 2012, DPH launched the "Choose Less, Weigh Less" obesity prevention public education campaign, which focuses on encouraging consumers to reduce their portion sizes when they eat out or prepare meals at home. The public education campaign included paid placement of ads on transit, radio, television and other venues throughout Los Angeles County that ran from October to December 2012. Coinciding with this launch, DPH also released new countywide adult obesity data based on the 2011 Los Angeles County Health Survey. The data show that adult obesity is continuing to rise in nearly every demographic group in the region.

Initial assessments of the campaign's reach suggest that a significant number of County residents have been exposed to the campaign ads. Earned media coverage resulted in more than 70 broadcast media mentions including every local TV and radio news broadcast, print and online coverage including the *Los Angeles Times* and *L.A. Daily News*, and stories on digital sites including Yahoo! News. Further plans to track the reach and impacts of this campaign will extend into early 2013.

In partnership with the DPH's Sodium Reduction in Communities Program, Choose Health LA developed and released a series of "Salt Shocker" videos that helped raise public awareness about the high levels of sodium in popular food items and provide tips for choosing foods with less sodium. This public education campaign aired on Transit TV in 2,000 Los Angeles County Metro buses from June to December of 2012.

Choose Health LA also expanded its online and social media presence. The ChooseHealthLA.com website now includes consumer-friendly videos, factsheets, and other useful multimedia tools about tobacco-free living, healthy eating, and active living.

### **Tobacco Free Living**

During the first year, Choose Health LA supported several jurisdiction-wide initiatives to reduce exposure to secondhand smoke and decrease youth access to tobacco products and exposure to tobacco advertising. Four community-based organizations received funding from Choose Health LA to conduct community assessments to gain a better understanding of local communities, their physical and geographic characteristics, and public health needs; provide education/information on the dangers of secondhand smoke; and support the efforts of community residents to develop jurisdiction-wide strategies for reducing exposure to secondhand smoke.

During this reporting period, the City of San Fernando adopted a jurisdiction-wide strategy to reduce exposure to second hand smoke (SHS) in public outdoor areas. The city regulation prohibits smoking in recreational areas, outdoor dining areas, outdoor places of employment, and public events.

A request for proposals (RFP) is currently being developed to fund licensed behavioral health facilities to increase access to tobacco cessation services and support system-level changes in public service agencies that provide mental health and drug treatment services. This RFP is expected to be released during Year 2 of the CTG grant.

### **Clinical Preventive Services**

An important goal of the CTG grant is to improve patient/population access to high quality, clinical preventive services (CPS) such as aspirin prophylaxis, blood pressure and cholesterol screening and control, and smoking cessation services. Under Choose Health LA, DPH is implementing an initiative to promote "team care" infrastructure and approaches to increasing CPS access at various ambulatory clinic networks in Los Angeles County.

From diabetes self-management programs that use community health workers, to federally-qualified health centers that provide prenatal, perinatal, and post-partum care to women, DPH staff are providing technical assistance and training to clinic managers in charge of integrating CPS protocols into daily clinic operations. Specific activities include: training for clinic staff; sharing of clinical decision support tools and protocols; offering of patient education materials; referring patients to community resources; and assisting with data management and program quality improvement efforts.

During Year 1, seven clinic networks that serve low-income patient populations received grant resources to support their efforts to increase access to CPS. For example, Public Health Centers focused on selectively expanding tobacco use screening and referrals for cessation services (including nicotine replacement therapy) in tuberculosis, sexually transmitted disease and immunization clinics. The Department of Health Services Ambulatory Care Network integrated CPS tracking in their patient registry system, allowing the registry to now track blood pressure management, cholesterol control, and tobacco cessation services use and referrals during patient encounters.

In Year 1, DPH also supported the USC Foundation in their design and ongoing effort to launch the "Wellness Center" to be located at the former LAC/USC hospital facility. This venue, when fully operational, will offer patients and community members access to many co-located services, including diabetes self-management, health promotion programs, social services including legal services for the poor, workforce mentorship programs for children, and other community resources for obesity prevention.

In South Los Angeles, Choose Health LA is supporting the Los Angeles LA Best Babies Network, which is collaborating with five clinics in the region to focus on managing perinatal weight gain and supporting postpartum weight loss. DPH is also providing technical assistance to improve CPS delivery in diabetes self-management programs in clinic venues operated by the Pasadena and Long Beach health departments.

To reach Asian/Pacific Islander groups, Choose Health LA formed a partnership with St. Vincent's Medical Center, to initiate outreach and screening for Hepatitis B and other preventable health conditions through a faith-based organization (FBO) network. This year, through community health fairs and FBO-sponsored events, the outreach initiative successfully incorporated blood pressure screening and referrals. Blood pressure screening and control has proven to be a needed area of intervention, with approximately 30-45% of clients screened requiring referrals for care of elevated blood pressure.

Finally, in Year 1, DPH reached agreement with the American Diabetes Association to expand their Diabetes Center of Excellence Recognized Program to include more low-income clinics in Los Angeles County. This effort will start in early 2013.

## **Active Living, Healthy Eating and Safe Physical Environments**

### *Promoting Healthy Food Procurement Practices*

During Year 1, DPH worked with two County departments and the City of Los Angeles to provide recommendations to improve their food service environments through the establishment of food procurement and nutrition standards. DPH provided recommendations on a vending machine RFP administered by the Chief Executive Office (CEO) and the Parks and Recreation Department.

At the request of LA City staff, DPH also provided nutrition technical assistance to the Los Angeles Food Policy Council (LAFPC) as it developed its Good Food purchasing guidelines. On October 24, 2012, Mayor Antonio Villaraigosa issued an Executive Directive in support of the Good Food Purchasing Pledge and the Los Angeles City Council followed by adopting a resolution in support of the pledge. The pledge calls on City departments and other institutions to increase the purchase of locally grown, sustainable food, while promoting healthy eating habits. In November 2012, the Los Angeles Unified School District (LAUSD) also adopted a resolution to support the pledge in its food services practices.

Earlier in the year, DPH conducted a qualitative study to assess County food service environments by contacting all 37 departments to determine whether their facilities purchase, distribute, and/or sell food. The assessment identified all departments who purchase, distribute or sell food in the County of Los Angeles government. DPH compiled a list of the types of venues departments manage and collected the amount of meals and snacks each department/program serves each day. Through this process, DPH gained a better understanding of the variety of regulatory requirements impacting food purchasing and menu planning through various County programs and the amount of food service contracts and contracted vendors. Based on this work, DPH has developed an implementation plan for working with the identified County departments as well as crafted education materials, including an issue brief on healthy food procurement, draft implementation guides, and promotional signage.

In addition, in May 2012, DPH hosted its Second Annual Food Policy Forum which was attended by representatives from County departments, local school districts, community-based organizations, hospitals, and other stakeholders to discuss innovative healthy food purchasing strategies. DPH continues to convene its Food Procurement Advisory Committee to guide the Choose Health LA efforts in promoting healthy food procurement practices.

#### *Fresh Preparation of School Meals*

Under Choose Health LA, the California Food Policy Advocates (CFPA) has been contracted to spearhead a project to improve the appeal of school meals in school districts serving low-income students and encourage the preparation of meals closer to the point of service. During Year 1, CFPA engaged the LAUSD's food service management team on strategies to improve the appeal of school meals and LAUSD is interested in partnering on this initiative. CFPA has collected best practices to share with other school districts including a culinary curriculum for school cafeteria staff and a report developed by the Urban Environmental Policy Institute (UEPI) commissioned by CFPA to help identify the factors in school meals presentation that influence students' perception of the appeal of school meals and their decision to participate in the school meal program.

#### *Promoting Healthy Communities Through Evidence-based Strategies*

Under Choose Health LA, the California Center for Public Health Advocacy (CCPHA) has been contracted to provide education and technical assistance to cities on evidence-based health initiatives that aim to increase access to healthy food and physical activity.

CCPHA has conducted a baseline assessment of communities with high rates of childhood obesity, diabetes, cardiovascular disease, and other indicators of health disparities in the county for the selection and implementation of evidence-based nutrition strategies. These strategies could potentially include joint use agreements for shared use of facilities and parks, breastfeeding accommodations for employees, and nutrition standards for vending machines on property within cities which will be identified at a later date.

CCPHA is currently collaborating with two organizations to conduct educational workshops on evidence-based nutrition strategies, including the Social Justice Learning Institute in the City of Inglewood and FAME Corporations in the City of Los Angeles. CCPHA has also conducted educational sessions in communities with high rates of childhood obesity including El Monte, La Puente, Lennox, Carson, Downey, Azusa, Compton, and Baldwin Park to share information on healthy food, beverages, and obesity trends.

#### *Breastfeeding Promotion*

Choose Health LA has contracted with Breastfeed LA to lead an initiative to promote breastfeeding among new mothers in hospitals serving low-income families. The initial goal of the project was to provide technical assistance to ten hospitals to help them achieve Baby-Friendly designation, a certification process administered by Baby-Friendly USA that ensures a hospital has procedures and practices in place to support breastfeeding among new mothers. However, due to high interest in the project among local hospitals, project staff is providing support to a total of 19 hospitals. The three County hospitals that achieved Baby-Friendly designation during a previous DPH grant, RENEW LA County, are among the 19 receiving assistance as they go through re-designation during the Choose Health LA project period.

The hospitals that have completed memoranda of understanding for technical assistance include: Centinela Hospital Medical Center; East Los Angeles Doctors Hospital; Greater El Monte Community Hospital; Hollywood Presbyterian Medical Center; Memorial Hospital of Gardena; AHMC Monterey Park Hospital; Northridge Hospital Medical Center; Pacifica Hospital of the Valley; Pomona Valley Hospital Medical Center; Providence Little Company of Mary Medical Center San Pedro; San Gabriel Valley Medical Center; Providence St. Joseph Medical Center; Torrance Memorial Medical Center; Whittier Hospital Medical Center; and Bellflower Medical Center.

#### *Physical Education in Schools*

In July 2012, DPH, along with the assistance of the Los Angeles County Office of Education (LACOE), provided a six-day Train the Teacher Collaborative (TTTC) Physical Education Professional Development to elementary and secondary teachers in July. A total of 30 participants from the following districts attended the training: El Monte Unified School District, Mountain View Unified School District, Pasadena Unified School District, Pomona Unified School District and LAUSD. Participants received educational materials and other resources as guiding tools on quality physical education instruction. LACOE and LAUSD continue to provide these participants with technical assistance.

Examples of implementation of new programs as a result of the TTTC training include the establishment of a school-wide running program at Lopez Elementary in the Pomona Unified School District. In addition, Stoner Elementary (LAUSD) has implemented “Operation Tone Up,” a 10-week in-school nutrition and exercise program, and “Marathon kids,” a running, walking, nutrition and schoolyard gardening program for K-5th graders. LAUSD’s trained teachers have also shared professional development on the new material they learned with other staff members on their campuses.

### *Farmers Markets*

Choose Health LA staff is working to significantly expand the number of CalFresh participants in the county who have access to use CalFresh benefits at farmers’ markets. Partners in this effort have included the Department of Public Social Services (DPSS), the California Department of Social Services, and the Los Angeles Food Policy Council, as well as other community stakeholders.

During Year 1, Choose Health LA staff did the following: produced a targeted assessment of the availability of CalFresh EBT at farmers’ markets in the county; developed user-friendly resources targeted to both market managers and CalFresh participants; provided technical assistance to farmers’ market managers; and created strategic partnerships with other agencies and groups.

Assessment activities thus far include the creation of an accurate listing of farmers’ markets currently accepting CalFresh benefits, as well as the use of this information and additional data from County and State agencies to generate GIS maps that overlay obesity, poverty, CalFresh eligibility, and availability of farmers’ markets. These maps inform the project’s targeted outreach to farmers’ markets that currently do not accept CalFresh.

Outreach activities have included hosting a meeting for farmers’ market managers to provide information on accepting CalFresh, engaging in one-on-one outreach and technical assistance for farmers’ market managers, as well as the printing of 500,000 postcards promoting the use of CalFresh at farmers’ markets among program participants. The list of markets accepting CalFresh developed by DPH has been posted on the DPSS website. Technical assistance has been provided to more than 10 market managers, and many have indicated their willingness to begin accepting CalFresh. One market in Monterey Park began accepting CalFresh early in Fall 2012.

### *Expanding Access to Physical Activity through the Built Environment*

Under Choose Health LA, DPH has partnered with the City of Los Angeles to support its Department of Planning in developing a Health and Wellness Chapter within the City’s General Plan. During Year 1 of the project, extensive land use, transportation, health, and socioeconomic information on the City of Los Angeles has been collected and analyzed, informing the

development of a series of maps and data tables. These showed clusters of health disparities and present information on the physical, economic, and social factors that contribute to these health disparities and will help inform the development of the Health and Wellness Chapter.

On July 9, 2012, DPH released a Healthy Eating Active Living (HEAL) RFP and subsequently received 37 proposals. All proposals were scored by a panel of experts and the top scoring proposals were selected to proceed to an oral interview. In total, eight organizations are recommended to receive funding for up to four years to work on strategies to expand physical activity and promote nutrition in underserved communities. The Board letter requesting approval to enter into these competitively bid contracts will be on the Board agenda for the Board meeting on February 19, 2013.

### **Quantitative Outcomes and Lessons Learned**

DPH will not have data on health outcomes related to these initiatives until near the end of the five-year grant period. To assess progress towards meeting the project's quarterly milestones, DPH staff participate in monthly calls with our CDC Project Officer to track the project's progress as well as complete semi-annual and annual programmatic and fiscal reports in accordance with the grant guidelines.

During Year 1, there have been several lessons learned. Launching the project has required a significant amount of planning and administrative resources given Choose Health LA's multiple strategic directions and the coordination with funded partners that is necessary to implement all the initiatives. To best serve the project's target populations, DPH contracted with more than 15 community and government organizations in Year 1 which required the development and execution of contracts, memoranda of understanding, and compliance training for partners to ensure the efficient use of funding. The time needed to launch the project in Year 1 left some partners with less time to complete all Year 1 objectives. However, DPH is working with affected partners to modify work plans to ensure that all project deliverables will be met over the course of the grant period.

The importance of ensuring effective implementation of the strategies described above was also an important lesson learned, especially given that many of the initiatives in Choose Health LA built off of successes from both RENEW and TRUST. Implementation monitoring can be challenging given the significant amount of staff time involved. However, because of its importance, DPH has re-purposed some staff to devote more time on monitoring implementation of strategies, such as healthy procurement practices, to ensure that the full effect of the initiative can be realized.

Another lesson learned is the importance of investing sufficient resources to develop public education campaigns that increase awareness of public health issues and motivate target populations to take action. In launching the "Choose Less, Weigh Less" public education campaign, DPH's media contractor conducted online surveys and in-person focus groups to research various messages and creative material that would be most effective in raising awareness about portion control. We have also learned that ongoing monitoring of education campaigns will be critical for measuring their effectiveness, but also informing decisions about the allocation of media resources during the grant period.

The value of collaboration across County departments has been an important lesson learned and is a strategy that DPH plans to utilize across all of the grant's strategic areas. For example, through a partnership with the CEO and the County's Department of Parks and Recreation, Choose Health LA was able to support a successful expansion of the County's Parks After Dark program.

If you have any questions or would like additional information, please let me know.

JEF:ml  
PH:1209:011

c: Chief Executive Officer  
County Counsel  
Executive Officer, Board of Supervisors



**JONATHAN E. FIELDING, M.D., M.P.H.**  
Director and Health Officer

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Fifth District

September 30, 2013

TO: Each Supervisor

FROM: Jonathan E. Fielding, M.D., M.P.H. *JE Fielding MD*  
Director and Health Officer

SUBJECT: **EARLY CHILDHOOD OBESITY PREVENTION (FIRST 5 LA) GRANT  
UPDATE**

This is in response to the September 18, 2012 Board motion instructing the Department of Public Health (DPH) to provide a plan and annual updates for the First 5 LA Early Childhood Obesity Prevention Initiative's implementation and goal setting processes, timelines, spending allocation for each Service Planning Area (SPAs), key partners, communication plan, and contact information for program coordinators. This report provides the first annual update on this initiative.

The Department of Public Health was granted a four-year, \$41-million award from First 5 LA in 2012 with the goal of reducing the prevalence of overweight and obesity among young children and their families. The Early Childhood Obesity Prevention Initiative (ECOPI) is bringing together a broad range of partners to implement community-based public education, skills-building and environmental changes to promote physical activity and healthy eating among the nearly one million Los Angeles County children ages 0-5 and their families. The initiative focuses on child care settings, community interventions, and interconception care, as follows:

- **Child Care Settings:** DPH is working with partners to improve nutrition and physical activity environments and expand upon a previous study to improve nutrition and physical activity policies and practices. The Eat, Play, Grow curriculum will increase child care providers' knowledge about nutrition and physical activity, focus on policy development and implementation, and change eating and physical activity patterns among children in child care.
- **Community Intervention:** DPH is working to implement intensive public education and skills-building supported by environmental changes that will expand current efforts to promote healthy eating and physical activity in the County. Key partners in these efforts are community agencies, medical care providers and the private sector, including grocery stores. Activities are also leveraging other grant-funded efforts, including the Community Transformation Grant, to establish a voluntary public recognition program for restaurants that provide healthy options for children and reduced portion sizes for adults.

- Interconception Care: DPH is addressing overweight during the interconception period, the critical time between the end of one pregnancy and the beginning of the next one. Resources and individual support will be provided to mothers in the areas of nutrition, physical activity and stress reduction. Resources will be incorporated into curriculums for use by community-based organizations and health plans, and will also be provided in an online platform.

### **Goals and Objectives**

The goal of the ECOPI is to reduce the prevalence of overweight and obesity among young children and their families, by empowering them to select healthy foods and beverages and increase physical activity. This goal supports the First 5 LA 2009-2015 Strategic Plan Goal: *Children Maintain a Healthy Weight*. The following actions will be implemented as part of this funding:

- Partner with the Department of Children and Family Services, other County departments and public agencies, and community and faith-based organizations to provide nutrition and physical activity education and resources to families with children ages 0-5, in at least 20 cities and/or unincorporated communities with childhood obesity rates above the county average.
- Commission a report outlining local strategies to reduce food marketing to young children and implement at least one of the recommended strategies countywide or in sub-county regions with childhood obesity rates above the county average.
- Provide nutrition education and skills-building to parents and other care providers of children ages 0-5 in at least 40 grocery stores or markets, including grocery stores or markets located in at least 20 cities or unincorporated communities with childhood obesity rates above the county average.
- Implement at least three countywide media and targeted social marketing campaigns aimed at families and caregivers of children ages 0-5 that include tailored and culturally appropriate messages promoting specific nutrition and physical activity-related behaviors (e.g., increased fruit and vegetable consumption, reduced sugary beverage consumption, and reduced screen time) among children ages 0-5.
- Implement menu changes that expand healthful children's meal menu options in at least 100 restaurants, including restaurants located in at least 20 cities or unincorporated communities with childhood obesity rates above the county average.
- Implement obesity prevention protocols for children ages 0-5 that include routine body mass index measurement and tracking, nutrition and physical activity education, and more intensive case management for overweight, obese, or other at-risk children in at least 30 public or community clinics in the county.
- Enhance nutrition and physical activity environments through adoption of improved policies and practices in at least 6,000 licensed and license exempt child care providers in the County.

- Develop and implement an online weight management toolkit for postpartum women in Los Angeles County; provide in-person and online recorded training to at least 80 community-based agencies that serve postpartum women on how to incorporate the toolkit into their organization; and promote the toolkit through the distribution of printed materials, social media, partner organizations, and the website.

An evaluation plan is being developed with First 5 LA to ensure that all program components achieve their intended impact on increasing the knowledge of parents, improving the diets of young children and creating healthier environments.

### **Timeline and Progress to Date**

The grant period is July 1, 2012 through June 30, 2016. During Year One, DPH worked to build the initiative administrative infrastructure, hired new staff, developed partnerships, and conducted literature reviews, community assessments and key informant interviews. Responsibilities of the new staff include oversight of programmatic activities and communication with Area Health Offices, Community Liaisons and other SPA-based staff, and community partners regarding activities, events and public participation opportunities. In addition, DPH has completed or has started the following activities:

- Executed two sole-source contracts. The first sole-source contract with the Child Care Resource Center was executed in February 2013 to offer nutrition and physical activity workshops and technical assistance to child care providers countywide. A second sole-source contract with Change Lab Solutions was executed in February 2013 to develop a report outlining local strategies to reduce unhealthy food marketing to young children.
- Initiated a partnership with the Department of Children and Family Services to develop strategies to promote Women, Infants, and Children (WIC) services and resources and areas for collaboration. Ten scholarships were provided for Department of Children and Family Services case workers and nurses to attend the 6th Biannual Childhood Obesity Conference in Long Beach in June 2013.
- Conducted four focus groups in June 2013 to help inform the development of three countywide public education campaigns.
- Released a competitive Request for Proposals to support community education activities in July with a due date of September 20, 2013. Contracts will begin in January 2014. Activities will be implemented in all SPAs and will prioritize low-income communities with large numbers of young children and high rates of childhood obesity.
- Implemented a pilot project in four clinic sites to improve childhood obesity case management in collaboration with the Community Health Alliance of Pasadena. The pilot project includes working with clinic staff to improve protocols for screening/measurement and counseling. A resource guide that lists local breastfeeding/nutrition, physical activity and weight loss programs is also being developed for use by clinical providers to support case management.
- Curriculum development for the nutrition and breastfeeding, physical activity and stress management components of the post-partum program have begun and a consultant was hired to develop the evaluation platform. More than twenty-five physician-groups, health plans, and other organizations have already expressed an interest in participating in the post-partum pilot.

- Development of a voluntary restaurant program to give customers the option to choose a smaller portion size and healthier children's meals. More than 40 key informant interviews with national, regional and local partners were conducted. Interviews included public health leaders, restaurant owners and community members. Criteria for program participation have been developed for children's meals and include healthier default options for beverages, inclusion of fruits and vegetables as side items, and reduction of deep fried kids' menu options. Program enrollment has begun.

### **Geographic Target Areas, Key Partners, and Communications Plan**

The Initiative's goal for program reach and funding distribution is to engage partners across all SPAs in the County, while meeting the funding guidelines that require the Initiative activities to target families with children 0-5. Priority will be given to communities that have: 1) a large number or high percentage of children 0-5; 2) childhood obesity rates that exceed the County average, and 3) a large number or high percentage of households with incomes less than 100% of the Federal Poverty Level.

The DPH plans to build upon its already extensive network of partner organizations in the community. ECOPI will provide capacity building support for these organizations and the communities they serve, enabling them to carry on this work beyond the life of the grant. ECOPI will complement other efforts currently taking place around Los Angeles County, including other First 5-funded programs, WIC services, and programs supported by Kaiser Permanente, The California Endowment, and other local, state, and federal funders. A Steering Committee comprised of key partners has been established to serve the project in an advisory capacity. These partners include, but are not limited to, nutrition and physical activity researchers, academics and other content-area specialists; community service provider's representatives from First 5 LA and other First 5 initiatives; the Department of Children and Family Services and other County Departments; health insurance providers; medical providers; and members of the business community.

Funding announcements, events, activities, and public participation opportunities are being communicated through several channels, including County websites ([publichealth.lacounty.gov](http://publichealth.lacounty.gov), [ChooseHealthLA.com](http://ChooseHealthLA.com)), existing First 5 LA infrastructure, listservs (e.g., Los Angeles Collaborative for Healthy Active Children, DPH's HealthEd), Area Health Office networks, email announcements, and at community, coalition and collaborative meetings.

If you have any questions or would like additional information, please let me know.

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November 4, 2014

TO: Each Supervisor

FROM: Cynthia A. Harding, M.P.H.  
Interim Director

SUBJECT: **EARLY CHILDHOOD OBESITY PREVENTION (FIRST 5 LA) GRANT  
UPDATE** (Board Agenda of September 18, 2012; Item 34)

This is in response to the September 18, 2012 Board motion instructing the Department of Public Health (DPH) to provide annual updates for the First 5 LA Early Childhood Obesity Prevention Initiative (ECOPI). This update covers the second year of the grant (Year 2), spanning July 1, 2013 – June 30, 2014, and includes information on results, data outcomes, and lessons learned for each project goal, as well as next steps to ensure continued progress.

### Background

DPH was awarded a four-year, \$41.2 million grant from First 5 Los Angeles in 2012, with the goal of reducing the prevalence of overweight and obesity among children 0-5 years of age and their families. ECOPI brings together a broad range of partners to implement community-based public education, skills-building and environmental change to promote physical activity and healthy eating among the nearly one million Los Angeles County children ages 0-5 and their families. Services are being provided in all Service Planning Areas, with priority given to communities that have childhood obesity rates that exceed the County average.

The initiative is being led by the Division of Chronic Disease and Injury Prevention (DCDIP) in collaboration with Maternal, Child and Adolescent Health Programs (MCAH) and includes activities in the following three focus areas:

- Child care settings (Choose Health LA Child Care): DPH is working with contracted partners to improve nutrition and physical activity environments in child care settings through the establishment of policies and targeted practices. The Choose Health LA Child Care training curriculum increases child care providers' knowledge about nutrition and physical activity, focuses on policy development and implementation, and promotes changes in diet and physical activity patterns among children in child care.
- Community interventions (Choose Health LA Kids): DPH is implementing an intensive public education and skills-building intervention supported by environmental change that expands current efforts to promote healthy eating and physical activity in communities across the County. Key partners in these efforts include community agencies, medical care providers, grocery stores,

and restaurants. Choose Health LA Kids activities leverage other grant-funded efforts, including DPH's Community Transformation Grant.

- **Interconception Care (Choose Health LA Moms):** DPH is addressing overweight and obesity during the interconception period, the time between the end of one pregnancy and the beginning of the next. Resources and individual support will be provided through the Choose Health LA Moms program to new mothers to promote breastfeeding, physical activity, and water consumption. Resources will be incorporated into curricula for use by community-based organizations and health plans, and will be available online and through digital media (texting).

## Goals and Progress

The following section describes the initiative's eight goals, Year 2 results, outcomes, and lessons learned.

**Goal #1: Provide nutrition and physical activity education and resources to families with children 0-5 in at least 20 cities and/or unincorporated communities with childhood obesity rates above the county average through partnerships with the Department of Children and Family Services (DCFS), other County departments and public agencies, and community and faith-based organizations.**

Year 2 Results: DPH executed contracts with 20 community service providers to deliver nutrition and physical activity education and resources to families with children 0-5. A total of 117 communities and cities located across all eight SPAs have been targeted for services. All contractors have completed four trainings provided by DPH staff and have participated in two regional learning forums with fellow contractors. Contractors have completed needs assessments in their targeted communities and are currently recruiting parents for collaboratives that will play a central role in community engagement efforts. Community resource guides were developed using information from the community needs assessments. These guides are being disseminated in the targeted communities. DPH staff is developing a parent nutrition education and skills-building workshop curriculum that will be implemented by the contracted agencies in early 2015.

The partnership with DCFS on the initiative has been formalized with a memorandum of understanding. Trainings were provided in May and June for DCFS social workers and public health nurses on childhood obesity prevention strategies, including information to assist staff in promoting Women, Infants, and Children (WIC) nutrition services and resources with eligible families. Multiple focus groups have been conducted with foster parents and biological parents in the DCFS system to better understand their needs around nutrition and physical activity. DPH staff is also working with DCFS to update their procedural guide to include nutrition and physical activity-based resources for child wellness. DPH staff is working with the Department of Public Social Services (DPSS) to identify strategies to increase enrollment in the CalFresh program among eligible families with young children.

Data Outcomes: Preliminary data from the DCFS public health nurse and social worker trainings demonstrate an increase in knowledge on obesity prevention strategies, resources, and referrals. Focus group findings indicate that many WIC recipients are not aware that they may also be eligible for CalFresh (SNAP-Ed) benefits as a means to increase their access to healthy food. In addition, findings show that while parents are motivated to improve their families' nutrition and levels of physical activity, they need more support and education around developing healthy habits.

Lessons Learned: Biological parents with children in the County foster system tend to be young parents with incomes less than 100% of the Federal Poverty Level. Their nutrition concerns focus on hunger issues rather than healthy eating. This is a vulnerable population for whom traditional modes of nutrition

and physical activity education may not be as relevant and alternative interventions may be needed. Community resource guides are currently being distributed as hard copies among relevant stakeholders. Widespread interest in accessing these guides online has led to strategizing around offering them in various formats. Additional channels of dissemination will be initiated later this year.

**Goal #2: Develop local strategies to reduce unhealthy food and beverage marketing to young children and implement at least one of the recommended strategies countywide or in sub-county regions with childhood obesity rates above the county average.**

Year 2 Results: Change Lab Solutions, a technical assistance contractor, has completed a draft report that provides a legal analysis of potential voluntary and regulatory strategies to reduce unhealthy food and beverage marketing to young children ("Marketing to Children White Paper"). The draft report is currently under review within DPH and with First 5 LA's program, policy, and public affairs departments.

Data Outcomes: None to date. A survey was initiated in October 2014 to assess public knowledge regarding the adverse health effects of food marketing to young children and public opinion regarding potential strategies to address this type of marketing. Data collection and analysis will be completed by April 2015.

Lessons Learned: Pending results of the survey and dissemination of the Marketing to Children White Paper.

**Goal #3: Provide nutrition education and skills-building to parents and other care providers of children ages 0-5 in at least 40 grocery stores or markets, including grocery stores or markets located in at least 20 cities or unincorporated communities with childhood obesity rates above the county average.**

Year 2 Results: As noted above, community contractors have completed trainings, including training on conducting grocery store tours and in-store food demonstrations. Contractors are currently conducting community outreach to recruit grocery store participants. A grocery store brochure used as a resource during tours was developed through collaboration between Choose Health LA Kids and the Nutrition Education and Obesity Prevention Program at DCDIP. Several contractors have begun in-store community education activities.

Data Outcomes: While nutrition education and skills-building opportunities at grocery stores are just beginning, a projected 720 grocery store tours and 960 food demonstrations will be conducted over the course of the grant. Community needs assessments conducted by each of the contracted agencies prior to the implementation of activities have highlighted the need for increased access to healthy foods and beverages and information for parents on selecting healthy options and preparing healthy meals, reinforcing the vital role grocery store tours and food demonstrations play in addressing childhood obesity.

Lessons Learned: Contracted agencies have found that smaller tours (4-5 parents) of grocery stores optimize the learning experience for participants. In addition, it has proven effective to develop relationships with individual grocery store managers who respond well to direct outreach.

**Goal #4: Implement at least three countywide media and targeted social marketing campaigns aimed at families and caregivers of children ages 0-5 that include tailored and culturally appropriate messages promoting specific nutrition and physical activity-related behaviors (e.g. increased fruit and vegetable consumption, reduced sugary beverage consumption and reduced screen time) among children ages 0-5.**

Year 2 Results: A media work order solicitation is under development to support these upcoming campaigns. Outcomes and lessons learned will be shared in the Year 3 report.

**Goal #5: Outreach and extend support to at least 100 restaurants serving families with young children, including restaurants located in at least 20 cities or unincorporated communities with childhood obesity rates above the county average to promote menu changes that expand healthy children's menu options and/or reduce portion size.**

Year 2 Results: A voluntary public recognition program for restaurants (Choose Health LA Restaurants) that provide healthy options for children and reduced portion sizes for adults was launched in September 2013 following a successful press event. Criteria for program participation have been developed for children's meals and include healthier default options for beverages, inclusion of fruits and vegetables as side items, and reduction of fried foods on kid's meal menu options. Over the course of the year, significant outreach was done to recruit restaurants for the program. Technical assistance was provided to restaurants interested in joining the program to assist in the application process and in implementing needed changes in menus and restaurant operations.

Data Outcomes: The launch of the Choose Health LA Restaurant program garnered over one million media impressions throughout the county and beyond. To date, 16 restaurant brands (chains and individually owned restaurants) and over 700 restaurant locations across the county are participating in the program. The program has been recognized nationally, and several local public health departments (Santa Cruz County, California; Clark County, Washington; and Houston, Texas) are currently developing programs modeled after the Choose Health LA Restaurant program.

Lessons Learned: While the program has been well received by restaurant owners and operators, early results indicate that significant resources and technical support are required during the application and enrollment process. Steps have been taken to simplify this process and to identify restaurant operators that are highly motivated to participate in the program. The community contractors have received training on the restaurant program and have been very helpful in identifying potentially interested restaurants.

**Goal #6: Implement obesity prevention protocols for children ages 0-5 that include routine body mass index measurement and tracking, nutrition and physical activity education, and more intensive case management for overweight, obese, or other at-risk children in at least 30 public or community clinic locations in the county.**

Year 2 Results: Background research was conducted to identify clinical guidelines and other best practices in clinics for tracking body mass index in young children and managing those identified as overweight, obese, or otherwise at-risk. Extensive outreach was done to recruit community clinics, prioritizing clinics serving large numbers of children 0-5 from low income communities with high childhood obesity rates. A total of 29 clinic sites were recruited and are currently receiving technical assistance in implementing obesity prevention protocols. Participating clinics have also received community resources guides developed by the 20 contracted agencies that list local breastfeeding, nutrition, and physical activity programs and other resources in their catchment areas for at-risk children and their families.

Data Outcomes: An evaluation is being conducted at three clinic sites to assess the reach and potential impact of the project and results will be shared upon its completion.

Lessons Learned: Each clinic has unique needs and, consequently, technical assistance has needed to be individually tailored to each clinic. Successful implementation of the recommended protocols has required the strong support of clinic leadership (e.g., the medical and nursing directors and lead administrators) and ongoing encouragement of clinic staff. This has necessitated sustained outreach and technical assistance and a focus on incremental change in the clinics.

**Goal #7: Implement protocols to improve nutrition and increase opportunities for physical activity in at least 4,500 licensed and 3,600 licensed-exempt child care providers in the county.**

Year 2 Results: Over 1,500 child care providers (comprising approximately 50% center-based, 40% family child care and 10% license-exempt providers) received training in workshops on how to implement policy, procedures, and practices to promote increased physical activity and improved nutrition in their facilities. Of these, almost 700 providers also received technical assistance (coaching) at their facilities. In addition, over 17,000 child care providers and parents/guardians received nutrition and physical activity information in a newsletter provided in English and Spanish, and over 3,000 parents/guardians were reached through health fairs and other events.

Data Outcomes: Results from pre- and post-test surveys with participating child care providers highlighted the need for the curriculum training. Knowledge of nutrition and physical activity topics, and individual attitudes and readiness to change policies and practices at respective facilities significantly increased from the 'pre' survey at the beginning of the training as compared to the 'post' survey at the end of the training. In addition, the survey results highlighted the need to work closely with family child care providers and home-based 'license-exempt' providers who demonstrated lower knowledge responses at the beginning of the training (as compared to providers at larger day care centers). Results from training and coaching satisfaction surveys showed providers are extremely satisfied with both the training and technical assistance provided.

Lessons Learned: License-exempt providers (many of whom are neighbors and family members watching young children) have been difficult to reach as they do not generally consider themselves child care providers. However, these providers spend significant time with children ages 0-5 and have similar needs to those who are licensed through the state. New strategies are being developed to outreach more effectively to this population, such as through tailoring materials and the training curriculum to better match their needs, as well as greater outreach at health fairs and other community events, since many license-exempt providers are also parents themselves.

**Goal #8: Develop and implement an online weight management toolkit for postpartum women in Los Angeles County; provide in-person and online recorded training to at least 80 community-based agencies that serve postpartum women on how to incorporate the toolkit into their organization; and promote the toolkit through the distribution of printed materials, social media, partner organizations, and an online platform.**

Year 2 Results: The weight management curriculum was focus group tested with 21 women, including assessment of two of the three main curriculum components—breastfeeding and water consumption. Focus group testing will continue through the end of August 2014, including testing of the physical activity curriculum as well as supplemental components focused on contraception and mental health. Almost 50 physician groups, health plans, and other organizations have expressed an interest in participating in the program. In June 2014, Choose Health LA Moms obtained approval from DPH's Information Technology Advisory Board (ITAB) to move forward with the development of the online web-based program for new mothers that will be paired with digital media (texting). An Open House event was held on September 16, 2014 to introduce the program to organizations and agencies around the county. Interim Health Officer Dr. Jeff Gunzenhauser and First 5 Executive Director Kim Belshe were

keynote speakers, and representatives from over 100 local organizations attended the event, which was also covered by First 5 LA in their Monday Morning Report.

Data Outcomes: Focus group testing data demonstrated the need for a targeted weight management program for low income new mothers. Focus group participants were receptive to the draft curriculum in its printed form. Outcomes from the online program are pending implementation of the website and subsequent completion of the evaluation.

Lessons Learned: While focus group testing has been positive, there remains a need to pilot test the curriculum in its web-based format once implemented.

### Next Steps

DPH is currently updating an evaluation plan that includes measures and benchmarks for each of the three main components of the initiative (Choose Health LA Kids, Choose Health LA Child Care, and Choose Health LA Moms). This plan will help ensure that all program components achieve their intended impact on increasing the knowledge of parents, improving dietary patterns, increasing the physical activity of young children and reducing childhood and maternal obesity. In addition, DPH is working with First 5 LA to design a collective impact evaluation to assess the impacts of the overall initiative countywide. DPH is currently exploring the possibility of a one-year no-cost extension with First 5 LA to ensure the successful completion of all initiative activities.

If you have any questions or need additional information, please let me know.

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